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1.0 READER'S GUIDE

The Future View Appendix is organized into sections according to the MITA Business Areas. Within each Business Area, business processes are mapped to the MITA BPM, strategic planning influences are noted and a discussion of the future business process maturity is included. Each section following the MITA Business Area is described below.

Section Name	Section Description
RI Business Process Name	Indicates the name given to the RI business process.
MITA Business Process	Contains the MITA Business Process name.
Future Capability Overview	Summarizes the 5 and 10 year maturity capabilities and includes a figure representing the Current and Future Maturity Levels by Quality.
Influences, Barriers and Facilitators	Includes strategic planning influences, facilitators and barriers that are thought to impact the department's ability to reach the 5 and 10 year maturity goals related to the specific business process.
Expected Characteristics	Contains a description of the 5 and 10 year maturity characteristics. Includes a table that summarizes the capability improvements for the business process that are targeted 5-10 years from now.

2.0 BUSINESS RELATIONSHIP MANAGEMENT

2.1 Establish RI Medicaid Business Relationship

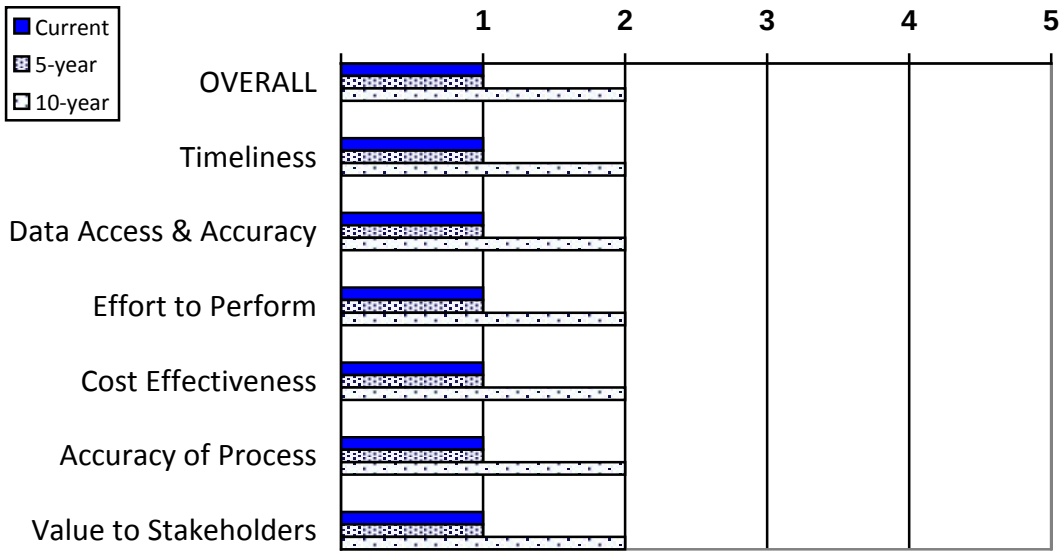
2.1.1 MITA Business Process Model

- Business Relationship Management : BR Establish Business Relationship

2.1.2 Future Capability Overview

As shown in the figure below, due to lack of data and process standardization, the overall capability level for the Establish RI Medicaid Business Relationship business process will remain at level 1 within 5 years. Within 10 years, all aspects of this process will be at a level 2, with an introduction of automated rules and updates. All qualities for this business process currently are at a level 1.

Figure 1: Current and Future Maturity Levels by Quality: Establish RI Medicaid Business Relationship



2.1.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Establish RI Medicaid Business Relationship business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[1]

Facilitators and Barriers

- A significant goal of the Global Waiver demonstration is to advance efficiencies through interdepartmental cooperation. Increased standardization and process definition for the Interagency Service Agreements will help to facilitate this goal.[2]
- A goal of the Global Waiver is to maximize available service options. Through the use of Interagency Service Agreements, the Medicaid program

[1]Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[2] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

will be able to leverage service offerings from other departments within the State.[3]

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities. This document management functionality could be used to store Interagency Service Agreements as well.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related to Interagency Service Agreements in the upcoming 5 years.

2.1.4 Expected Characteristics

5-Year View

With little changes anticipated to the Establish RI Medicaid Business Relationship business process over the next 5 years, the projected maturity rating will remain at a level 1.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Establish RI Medicaid Business Relationship are at Level 1.

10-Year View

With expedited use of web portals and some automated business rules, the Establish RI Medicaid Business Relationship business process will be at a capability level 2 within 10 years.

With increased automation in DHS legal and contracting functions, timeliness will meet or exceed statutory requirements. Introduction of automated data receipt from

[3] ibid

within and among the DHS business units will increase data access and accuracy. Automated rules (e.g., to identify expired agreements) will improve business process responsiveness and outcomes, with some data updates processed automatically by the business units or program support areas.

This RI Medicaid business process is not expected to be at Level 3 within 10 years. Current capabilities for all qualities of the Establish RI Medicaid Business Relationship are at Level 1.

The table below summarizes the capability improvements for the Establish RI Medicaid Business Relationship business process that are targeted 5-10 years from now.

Table 1: Future Maturity Level by MITA Quality: Establish RI Medicaid Business Relationship

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	No change from Current View	1	**Introduction of automation will improve timeliness and accuracy.**	**2**
Timeliness			Timeliness will exceed legal requirements.	2
Data Access & Accuracy			Introduction of automated receipt, rules and responses will increase data accuracy. Data is accessed through web portals and other EDI.	2
Effort to Perform			Updates will be processed automatically.	2
Cost Effectiveness			Less staff time will be required to perform business process.	2

MITA Quality	5-Year View & Level		10-Year View & Level	
Accuracy of Process			There will be more consistency in decision-making / rules / validation.	2
Value to Stakeholders			Automation and coordination will enable staff to focus more on management functions.	2

2.2 Manage RI Medicaid Business Relationship

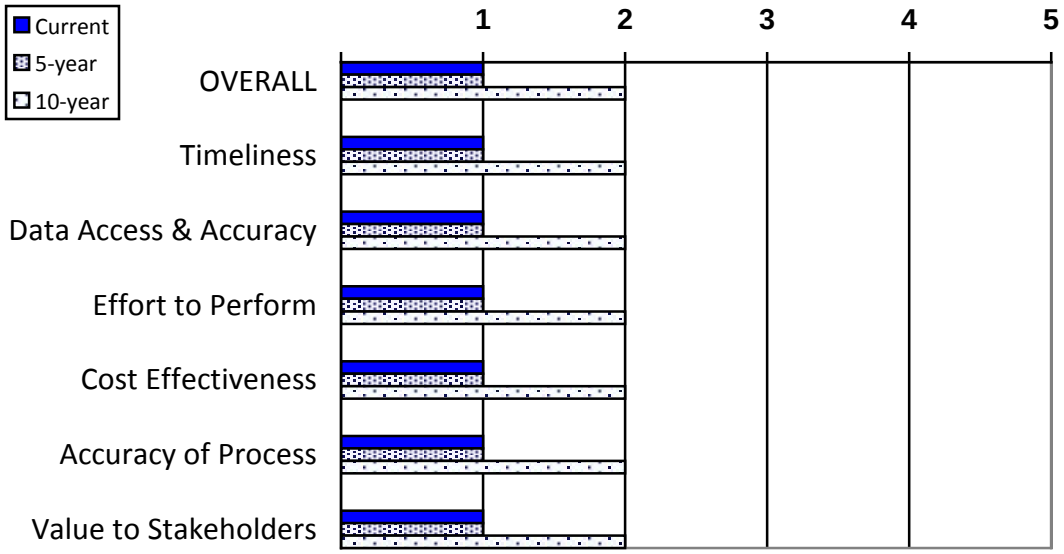
2.2.1 MITA Business Process Model

- Business Relationship Management : BR Manage Business Relationship

2.2.2 Future Capability Overview

As shown in the figure below, due to lack of data and process standardization, the overall capability level for the Manage RI Medicaid Business Relationship business process will remain at level 1 within 5 years. Within 10 years, all aspects of this process will be at a level 2, with an introduction of automated rules and updates. All qualities for this business process currently are at a level 1.

Figure 2: Current and Future Maturity Levels by Quality: Manage RI Medicaid Business Relationship



2.2.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage RI Medicaid Business Relationship business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[4]

Facilitators and Barriers

- A significant goal of the Global Waiver demonstration is to advance efficiencies through interdepartmental cooperation. Increased standardization and process definition for the Interagency Service Agreements will help to facilitate this goal.[5]
- A goal of the Global Waiver is to maximize available service options. Through the use of Interagency Service Agreements, the Medicaid program

[4]Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[5] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

will be able to leverage service offerings from other departments within the State.[6]

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities. This document management functionality could be used to store Interagency Service Agreements as well.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related to Interagency Service Agreements in the upcoming 5 years.

2.2.4 Expected Characteristics

5-Year View

With little changes anticipated to the Manage RI Medicaid Business Relationship business process over the next 5 years, the projected maturity rating will remain at a level 1.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Manage RI Medicaid Business Relationship are at Level 1.

10-Year View

With expedited use of web portals and some automated business rules, the Manage RI Medicaid Business Relationship business process will be at a capability level 2 within 10 years.

With increased automation in DHS legal and contracting functions, timeliness will meet or exceed statutory requirements. Introduction of automated data receipt from

[6] ibid

within and among the DHS business units will increase data access and accuracy. Automated rules (e.g., to identify expired agreements) will improve business process responsiveness and outcomes, with some data updates processed automatically by the business units or program support areas.

This RI Medicaid business process is not expected to be at Level 3 within 10 years. Current capabilities for all qualities of the Manage RI Medicaid Business Relationship are at Level 1.

The table below summarizes the capability improvements for the Manage RI Medicaid Business Relationship business process that are targeted 5-10 years from now.

Table 2: Future Maturity Level by MITA Quality: Manage RI Medicaid Business Relationship

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	No change from Current View	1	**Introduction of automation will improve timeliness and accuracy.**	**2**
Timeliness			Timeliness will exceed legal requirements.	2
Data Access & Accuracy			Introduction of automated receipt, rules and responses will increase data accuracy. Data is accessed through web portals and other EDI.	2
Effort to Perform			Updates will be processed automatically.	2

MITA Quality	5-Year View & Level		10-Year View & Level	
Cost Effectiveness			Less staff time will be required to perform business process.	2
Accuracy of Process			There will be more consistency in decision-making / rules / validation.	2
Value to Stakeholders			Automation and coordination will enable staff to focus more on management functions.	2

2.3 Manage RI Medicaid Business Relationship Communications:

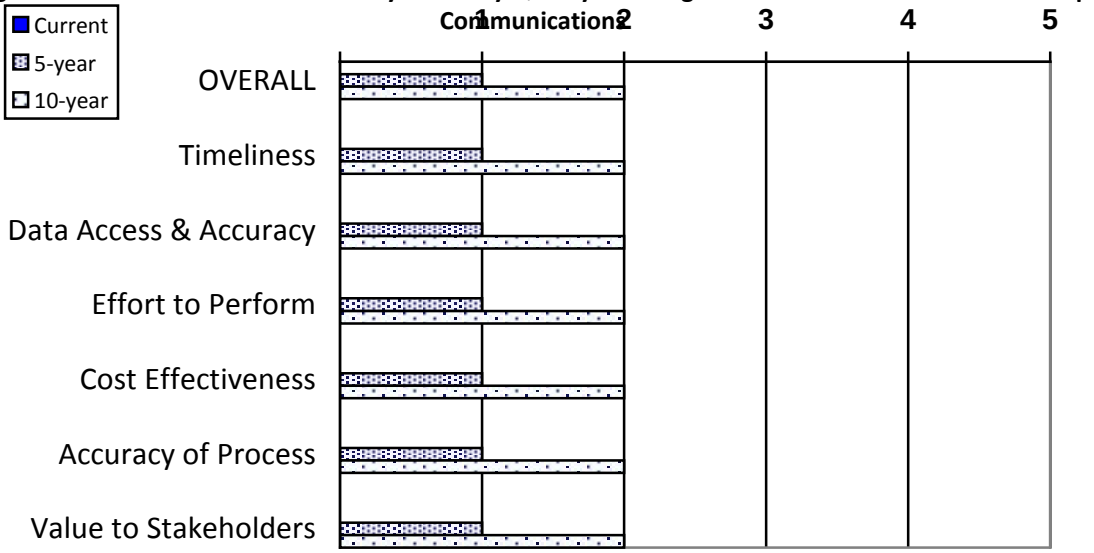
2.3.1 MITA Business process model

- Business Relationship Management : BR Manage Business Relationship Communications

2.3.2 Future Capability Overview

Currently, RI does not have a formal process to manage Business Relationship communications (Interagency Service Agreements) with other departments or state entities. Within the next 5 years, a standard process will be created within state guidelines. As shown in the figure below, due to lack of data and process standardization, the overall capability level for the Manage RI Medicaid Business Relationship Communications business process will be at level 1 within 5 years. Within 10 years, all aspects of this process will be at a level 2, with an introduction of automated rules and access via web portals or other EDI.

Figure 3: Current and Future Maturity Levels by Quality: Manage RI Medicaid Business Relationship Communications



2.3.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage RI Medicaid Business Relationship Communications business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[7]

Facilitators and Barriers

- A significant goal of the Global Waiver demonstration is to advance efficiencies through interdepartmental cooperation. Increased standardization and process definition for the Interagency Service Agreements will help to facilitate this goal.[8]
- A goal of the Global Waiver is to maximize available service options. Through the use of Interagency Service Agreements, the Medicaid program

[7] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[8] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

will be able to leverage service offerings from other departments within the State.[9]

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities. This document management functionality could be used to store Interagency Service Agreements as well.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related to Interagency Service Agreements in the upcoming 5 years.

2.3.4 Expected Characteristics

5-Year View

With the establishment of the Manage RI Medicaid Business Relationship Communications business process in the next 5 years, the state will begin to see a mix of manual and automated processes. It is likely that different programs will continue to create rules specific to their program needs and not develop standards across the agency. This lack of standardization and automation will result in a capability rating of level 1 for this business process within 5 years. .

This RI Medicaid business process is not expected to be at Level 3 within 5 years.

The table below summarizes the capability improvements for the Manage RI Medicaid Business Relationship Communications business process that are targeted within 5 years.

[9] ibid

10-Year View

With expedited use of web portals and some automated business rules, the Manage RI Medicaid Business Relationship Communications business process will be at a capability level 2 within 10 years.

With increased automation in DHS legal and contracting functions, timeliness will meet or exceed statutory requirements. Introduction of automated data receipt from within and among the DHS business units will increase data access and accuracy. Automated rules (e.g., to identify expired agreements) will improve business process responsiveness and outcomes, with some data updates processed automatically by the business units or program support areas.

This RI Medicaid business process is not expected to be at Level 3 within 10 years.

The table below summarizes the capability improvements for the Manage RI Medicaid Business Relationship Communications business process that are targeted 5-10 years from now.

Table 3: Future Maturity Level by MITA Quality: Manage RI Medicaid Business Relationship Communications

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Introduction of automation will improve timeliness and accuracy; however, programs will lack standardization of processes and data.**	**1**	**Introduction of automation will improve timeliness and accuracy.**	**2**
Timeliness	Timeline is within agency, state and federal guidelines	1	Timeliness will exceed legal requirements.	2
Data Access & Accuracy	There will still be no single standard for data for different types of contracts / business relationships. Introduction of automated receipt, rules and responses will increase.	1	Introduction of automated receipt, rules and responses will increase data accuracy. Data is accessed through web portals and other EDI.	2

MITA Quality	5-Year View & Level		10-Year View & Level	
Effort to Perform	Updates are completed manually.	1	Updates will be processed automatically.	2
Cost Effectiveness	Large number of staff required	1	Less staff time will be required to perform business process.	2
Accuracy of Process	Programs create inconsistent rules across the agency.	1	There will be more consistency in decision-making / rules / validation.	2
Value to Stakeholders	Focus is on conducting business functions as efficiently as possible.	1	Automation and coordination will enable staff to focus more on management functions.	2

2.4 Terminate RI Medicaid Business Relationship:

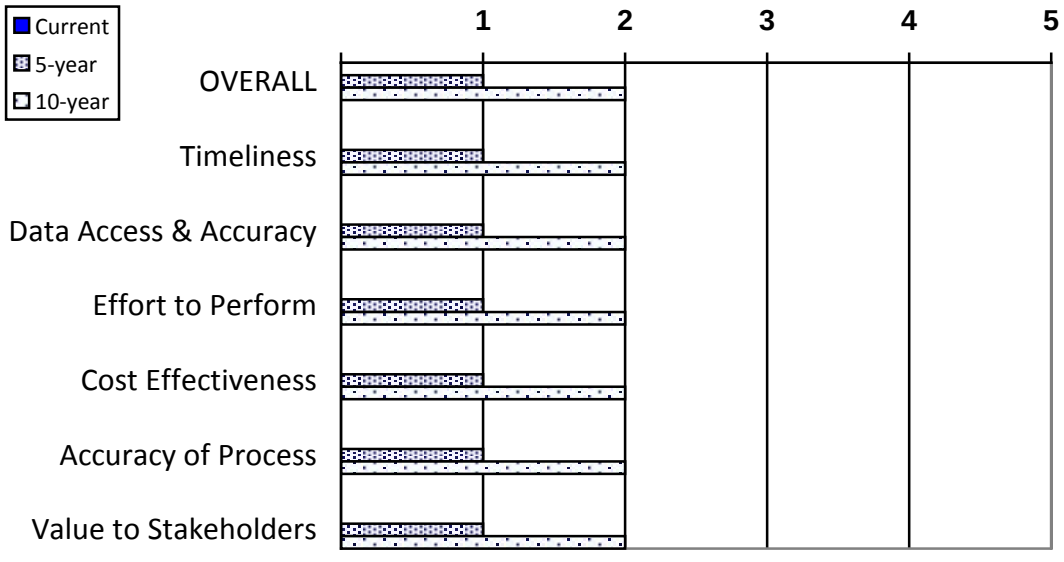
2.4.1 MITA Business process model

- Business Relationship Management : BR Terminate Business Relationship

2.4.2 Future Capability Overview

Currently, RI does not have a formal process to terminate Business Relationships (Interagency Service Agreements) with other departments or state entities. Within the next 5 years, a standard process will be created within state guidelines. As shown in the figure below, due to lack of data and process standardization, the overall capability level for the Terminate RI Medicaid Business Relationship business process will be at level 1 within 5 years. Within 10 years, all aspects of this process will be at a level 2, with an introduction of automated rules and access via web portals or other EDI.

Figure 4: Current and Future Maturity Levels by Quality: Terminate RI Medicaid Business Relationship



2.4.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Terminate RI Medicaid Business Relationship business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[10]

Facilitators and Barriers

- A significant goal of the Global Waiver demonstration is to advance efficiencies through interdepartmental cooperation. Increased standardization and process definition for the Interagency Service Agreements will help to facilitate this goal.[11]
- A goal of the Global Waiver is to maximize available service options. Through the use of Interagency Service Agreements, the Medicaid program

[10]Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[11] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

will be able to leverage service offerings from other departments within the State.[12]

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities. This document management functionality could be used to store Interagency Service Agreements as well.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related to Interagency Service Agreements in the upcoming 5 years.

2.4.4 Expected Characteristics

5-Year View

With the establishment of the Terminate RI Medicaid Business Relationship business process in the next 5 years, the state will begin to see a mix of manual and automated processes. It is likely that different programs will continue to create rules specific to their program needs and not develop standards across the agency. This lack of standardization and automation will result in a capability rating of level 1 for this business process within 5 years. .

This RI Medicaid business process is not expected to be at Level 3 within 5 years.

The table below summarizes the capability improvements for the Terminate RI Medicaid Business Relationship business process that are targeted within 5 years.

[12] ibid

10-Year View

With expedited use of web portals and some automated business rules, the Terminate RI Medicaid Business Relationship business process will be at a capability level 2 within 10 years.

With increased automation in DHS legal and contracting functions, timeliness will meet or exceed statutory requirements. Introduction of automated data receipt from within and among the DHS business units will increase data access and accuracy. Automated rules (e.g., to identify expired agreements) will improve business process responsiveness and outcomes, with some data updates processed automatically by the business units or program support areas.

This RI Medicaid business process is not expected to be at Level 3 within 10 years.

The table below summarizes the capability improvements for the Terminate RI Medicaid Business Relationship business process that are targeted 5-10 years from now.

Table 4: Future Maturity Level by MITA Quality: Terminate RI Medicaid Business Relationship

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Introduction of automation will improve timeliness and accuracy; however, programs will lack standardization of processes and data.**	**1**	**Introduction of automation will improve timeliness and accuracy.**	**2**
Timeliness	Timeline is within agency, state and federal guidelines	1	Timeliness will exceed legal requirements.	2
Data Access & Accuracy	There will still be no single standard for data for different types of contracts / business relationships. Introduction of automated receipt, rules and responses will increase.	1	Introduction of automated receipt, rules and responses will increase data accuracy. Data is accessed through web portals and other EDI.	2

MITA Quality	5-Year View & Level		10-Year View & Level	
Effort to Perform	Updates are completed manually.	1	Updates will be processed automatically.	2
Cost Effectiveness	Large number of staff required	1	Less staff time will be required to perform business process.	2
Accuracy of Process	Programs create inconsistent rules across the agency.	1	There will be more consistency in decision-making / rules / validation.	2
Value to Stakeholders	Focus is on conducting business functions as efficiently as possible.	1	Automation and coordination will enable staff to focus more on management functions.	2

3.0 CARE MANAGEMENT

3.1 Manage Case:

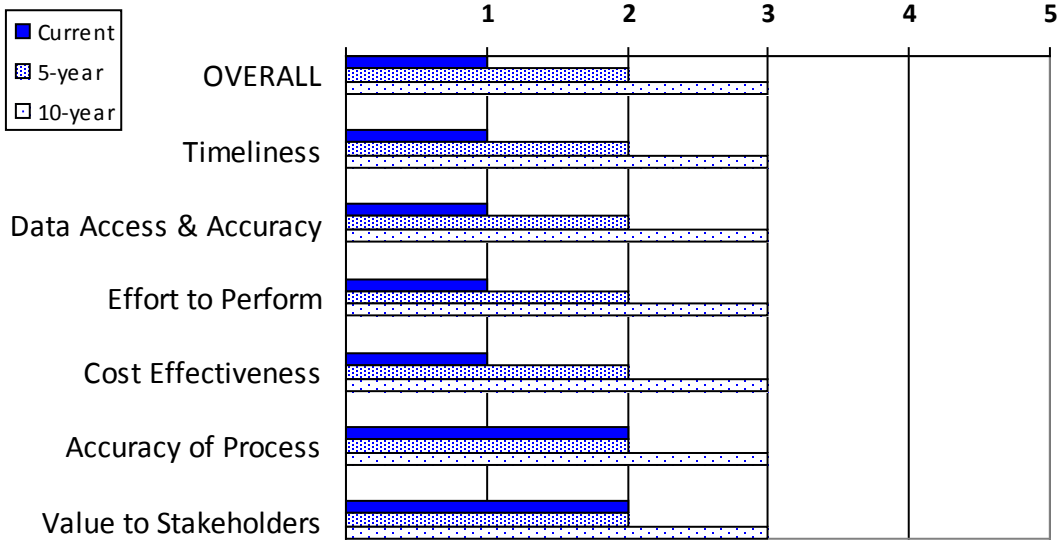
3.1.1 MITA Business process model

- Operations Management: CM Manage Case

3.1.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage Case business process will be at a capability level 2 in 5 years, introduction of automation and electronic access to data. Within 10 years, all aspects of this process will be at a level 3, with almost complete elimination of non-electronic interchanges and standardization. Most qualities for this business process currently are at a level 1.

Figure 5: Current and Future Maturity Levels by Quality: Manage Case



3.1.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage Case business process:

Strategic Planning Influences

- Ensuring a sustainable and cost-effective program is among the main goals of the States' Global Waiver Demonstration. This business process contributes to the program's ability to identify prospectively potentially inappropriate service utilization.[13]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans, which may result in a decreased number of beneficiaries whose care may be subject to the prior authorization process. However, greater attention to those with manageable conditions may require improved coordination with care managers (e.g., community-based or from within the Medicaid program), which may result in further enhancements to the prior authorization process.[14]
- Ensuring that Medicaid remains an accessible and comprehensive system of coordinated care that focuses on independence and choice is among the main goals of the States' Global Waiver Demonstration. This business process contributes to the program's ability to make the right services available to individuals at the right time and in the right setting.[15]
- Improving health outcomes through more organized care is another goal of the Global Waiver Demonstration. An aspect of this may include increased

[13] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2
[14] ibid
[15] ibid

enrollment in home and community-based Services. This will require improved coordination with care managers (e.g., community-based or from within the Medicaid program), which may result in further enhancements to the care planning process.[16]

- The 2010 State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information to improve care management.[17]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other care management improvements.[18]

Facilitators and Barriers

- A new CMS proposed rule makes it easier for states to provide home and community based services in the Medicaid program. More persons with disabilities who wish to live in the community and not in institutions would be able to do so under the proposed regulations. The proposed rule also

[16] ibid
[17] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[18] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

clarifies what constitutes a true HCBS setting and sets out new requirements for "person-centered" care plans.

- Enhancement of the existing MMIS is anticipated within the next 5 years. The enhanced system will provide increased flexibility; consistency and timeliness that are expected to improve the effectiveness of the authorization-related components of this system and are critical to the efficient operation of this business process.
- The healthcare reform plans for Rhode Island under discussion may result in increased enrollment in the Medicaid program, which could increase care management volume.
- Increased availability of digital diagnostic information (e.g., lab results and radiology images) will decrease the amount of non-electronic data exchange required to support care management business rules
- A theme understood by EOHHS is the need for improved case management, including data integration. Enhancing the Community Supports Management (CSM) application or implementation of a new, agency-wide integrated case management system will facilitate the Department's ability to among other things, ensure Medicaid beneficiaries are receiving the right service at the right time and in the correct setting.[19]
- Privacy and security regulations may impede data sharing. Such rules do not appear to be keeping up with technology capabilities and business needs related to this business process.
- Under the Global Waiver, a goal to redesign IT systems to take advantage of new technologies that improve program finance and integrity and adoption of best practices.[20]

[19] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 7
[20] ibid, Slide 5

3.1.4 Expected Characteristics

5-Year View

The introduction of automation and consistency in rules will support a level 2 capability for this business process within 5 years.

The department will see more consistency in case management. Data will be accesses, transferred and received through electronic means. A care management application will be implemented across departments for the management of populations within the Medicaid program.

The table below summarizes the capability improvements for the Manage Case business process that are targeted over the next 5 years.

10-Year View

Almost complete elimination of non-electronic interchanges and standardization will support a level 3 capability for this business process within 10 years.

Standardized queries will assist in managing cases and will trigger automated alerts regarding new services, new providers, changes to cases, and other case management activities. Updates will be distributed to data sharing partners immediately using data sharing standards to improve timeliness and efficiency of the process.

The table below summarizes the capability improvements for the Manage Case business process that are targeted 5-10 years from now.

Table 5: Future Maturity Level by MITA Quality: Manage Case

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**The process will see an introduction of automation and electronic exchange of data. Staff will be able to focus more on member management.**	**2**	**The process will almost eliminate non-electronic interchange and will standardize queries and update notifications.**	**3**
Timeliness	Timeliness exceeds legal requirements.	2	Interagency collaboration, use of data sharing standards, and State/regional information exchange improves timeliness.	3
Data Access & Accuracy	Data is accessed / transferred / received via Web portals, email, dial-up, POS, and EDI. Automation increases accuracy of data.	2	Process will almost eliminate its use of non-electronic interchange and will automate most processes.	3
Effort to Perform	Updates are automatically processed.	2	Updates will be distributed to data sharing partners.	3
Cost Effectiveness	Less staff required to perform business process.	2	Due to increased efficiency, staff can be redirected to more productive tasks.	3
Accuracy of Process	More consistency in decision making/rules / validation. (No change from Current View)	2	Rules will be consistently applied.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Automation and coordination processes enable staff to focus more on member and provider management. (No change from Current View).	2	Stakeholders will experience seamless and efficient program communications no matter how or where they contact the Agency.	3

3.2 Manage RI Medicaid Population Health:

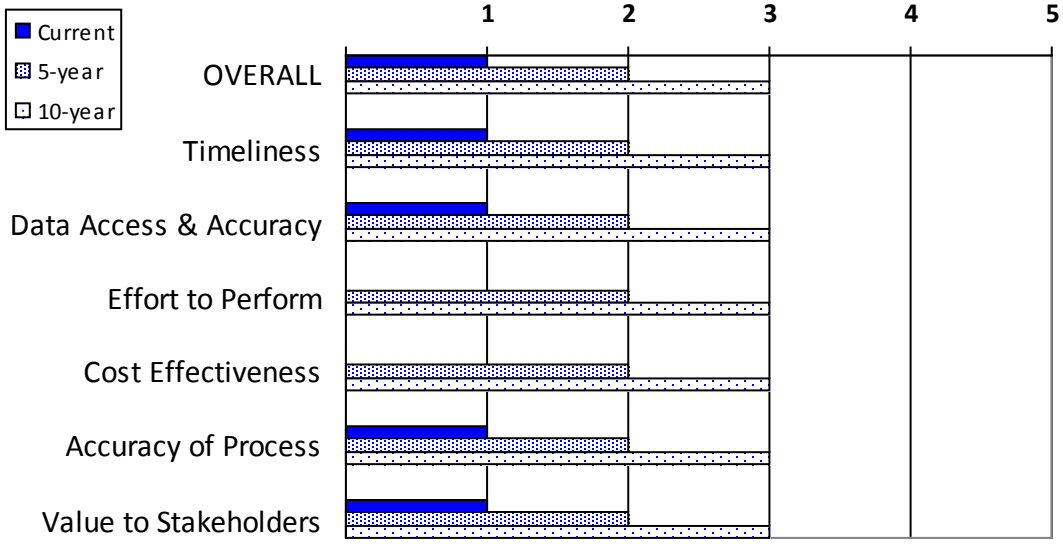
3.2.1 MITA Business process model

- Care Management: CM Manage Medicaid Population Health

3.2.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage RI Medicaid Population Health business process will be a capability level 2 within the next 5 years, with introduction of automation and standardization. Within 10 years, all aspects of this process will be at a level 3, with standardized queries and automated alerts. The process has almost eliminated is use of non-electronic interchange and has automated most processes to the extent feasible. All applicable qualities for this business process currently are at a level 1.

Figure 6: Current and Future Maturity Levels by Quality: Manage RI Medicaid Population Health



3.2.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the Department's priorities related to reaching the 5- and 10-year capabilities for the Manage RI Medicaid Population Health business process:

Strategic Planning Influences

- Ensuring a sustainable and cost-effective program is among the main goals of the States' Global Waiver Demonstration. This business process contributes to the program's ability to identify prospectively potentially inappropriate service utilization.[21]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans, which may result in a decreased number of beneficiaries whose care may be subject to the prior authorization process. However, greater attention to those with manageable conditions may require improved coordination with care managers (e.g., community-based or from within the Medicaid program), which may result in further enhancements to the prior authorization process.[22]
- Ensuring that Medicaid remains an accessible and comprehensive system of coordinated care that focuses on independence and choice is among the main goals of the States' Global Waiver Demonstration. This business process contributes to the program's ability to make the right services available to individuals at the right time and in the right setting.[23]

[21] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2
[22] ibid
[23] ibid

- Improving health outcomes through more organized care is another goal of the Global Waiver Demonstration. An aspect of this may include increased enrollment in home and community-based Services. This will require improved coordination with care managers (e.g., community-based or from within the Medicaid program), which may result in further enhancements to the care planning process.[24]
- The 2010 State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information to improve care management.[25]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this goal is expected to include increased enrollment in RIte Share/RIte Care Plans where beneficiaries would be linked to a medical "home" (e.g., PCP).[26]

Facilitators and Barriers

- A new CMS proposed rule makes it easier for states to provide home and community based services in the Medicaid program. More persons with disabilities who wish to live in the community and not in institutions would be able to do so under the proposed regulations. The proposed rule also clarifies what constitutes a true HCBS setting and sets out new requirements for "person-centered" care plans.
- Enhancement of the existing MMIS is anticipated within the next 5 years. The enhanced system will provide increased flexibility; consistency and timeliness that are expected to improve the effectiveness of the

[24] ibid
[25] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[26] ibid

authorization-related components of this system and are critical to the efficient operation of this business process.

- The healthcare reform plans for Rhode Island under discussion may result in increased enrollment in the Medicaid program, which could increase volume of Medicaid recipients to be managed.
- A theme understood by EOHHS is the need for improved case management, including data integration. Enhancing the Community Supports Management (CSM) application or implementation of a new, agency-wide integrated case management system will facilitate the Department's ability to among other things, ensure Medicaid beneficiaries are receiving the right service at the right time and in the correct setting.[27]
- Under the Global Waiver, the goal to redesign IT systems to take advantage of new technologies that improve program finance and integrity and adoption of best practices.[28]

3.2.4 Expected Characteristics

5-Year View

With introduction of automation, the Manage RI Medicaid Population Health business will be at a capability level 3 in 5 years. The access, transfer and receipt of data will be electronic with updates processed automatically. The program will benefit from a care management application with access across departments.

The table below summarizes the capability improvements for the Manage RI Medicaid Population Health business process that are targeted over the next 5 years.

[27]Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 7
[28]Gary Alexander/Elena Niclella, The Global Waiver – Modernizing the Rhode Island Medicaid Program, Slide 5

10-Year View

With introduction of standardized queries and automated alerts the Manage RI Medicaid Population Health business will be at a capability level 3 in 10 years. The process has almost eliminated is use of non-electronic interchange and has automated most processes to the extent feasible. Process time can be immediate. Interchange collaboration, use of data sharing standard and State/regional information exchange improves timeliness.

The table below summarizes the capability improvements for the Manage RI Medicaid Population Health business process that are targeted 5-10 years from now.

Table 6: Future Maturity Level by MITA Quality: Manage RI Medicaid Population Health

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**DHS introduces standardization and automation of processes.**	**2**	**Process time can be immediate with standard interfaces and interagency collaboration.**	**3**
Timeliness	Timeliness exceeds legal requirements.	2	Process time can be immediate. Interagency collaboration, use of data sharing standards, and State/regional information exchange improves timeliness	3
Data Access & Accuracy	Data is accessed / transferred / received via Web portals, email, dial-up, POS, and EDI. Automation increases accuracy of data.	2	Standard interfaces are used for inquiry and response for acquisition of information. One stop shop with inquiry and response.	3
Effort to Perform	Updates are automatically processed.	2	Updates are distributed to data sharing partners. Distributed update notifications to federated registries.	3
Cost Effectiveness	Less staff required to perform business process. Automation leads to fewer staff.	2	Further reduction of staff required to perform business process.	3
Accuracy of Process	More consistency in decision making/rules / validation.	2	Consistency and predictability of the process	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Automation and coordination processes enable staff to focus more on member and provider management.	2	Stakeholders experience seamless and efficient program communications no matter how or where they contact the Agency.	3

3.3 Manage Registry

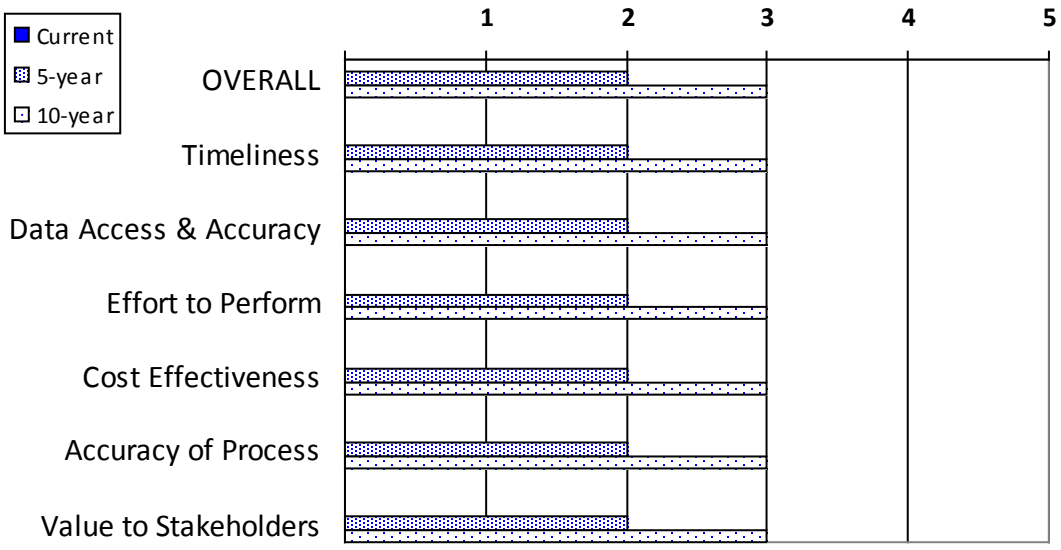
3.3.1 MITA Business process model

- Care Management: CM Manage Registry

3.3.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage Registry business process will be at a capability level 2 in 5 years, with introduction of automation and standardization. Within 10 years, all aspects of this process will be at a level 2, with almost complete elimination of non-electronic interchanges and standardization. This business process does not exist in the current view.

Figure 7: Current and Future Maturity Levels by Quality: Manage Registry



3.3.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage Case business process:

Strategic Planning Influences

- Ensuring a sustainable and cost-effective program is among the main goals of the States' Global Waiver Demonstration. This business process contributes to the program's ability to identify prospectively potentially inappropriate service utilization.[29]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans, which may result in a decreased number of beneficiaries whose care may be subject to the prior authorization process. However, greater attention to those with manageable conditions may require improved coordination with care managers (e.g., community-based or from within the Medicaid program), which may result in further enhancements to the prior authorization process.[30]
- Ensuring that Medicaid remains an accessible and comprehensive system of coordinated care that focuses on independence and choice is among the main goals of the States' Global Waiver Demonstration. This business process contributes to the program's ability to make the right services available to individuals at the right time and in the right setting.[31]
- Improving health outcomes through more organized care is another goal of the Global Waiver Demonstration. An aspect of this may include increased

[29] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2
[30] ibid
[31] ibid

enrollment in home and community-based Services. This will require improved coordination with care managers (e.g., community-based or from within the Medicaid program), which may result in further enhancements to the care planning process.[32]

- The 2010 State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information to improve care management.[33]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other care management improvements.[34]

Facilitators and Barriers

- Enhancement of the existing MMIS is anticipated within the next 5 years. The enhanced system will provide increased flexibility; consistency and timeliness that are expected to improve the effectiveness of the authorization-related components of this system and are critical to the efficient operation of this business process.

[32] ibid
[33] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[34] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

- The healthcare reform plans for Rhode Island under discussion may result in increased enrollment in the Medicaid program, which could increase care management volume.
- Increased availability of digital diagnostic information (e.g., lab results and radiology images) will decrease the amount of non-electronic data exchange required to support care management business rules
- A theme understood by EOHHS is the need for improved case management, including data integration. Enhancing the Community Supports Management (CSM) application or implementation of a new, agency-wide integrated case management system will facilitate the Department's ability to among other things, ensure Medicaid beneficiaries are receiving the right service at the right time and in the correct setting.[35]
- Privacy and security regulations may impede data sharing. Such rules do not appear to be keeping up with technology capabilities and business needs related to this business process.
- Under the Global Waiver, the goal to redesign IT systems to take advantage of new technologies that improve program finance and integrity and adoption of best practices.[36]

3.3.4 Expected Characteristics

5-Year View

The Manage Registry business process will be established for the Medicaid program within the next 5 years. The department will have electronic access to registry data with automation of updates. Coordination of staff and across departments will enable focus to be on care management.

[35] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 7
[36] Gary Alexander/Elena Niclella, The Global Waiver – Modernizing the Rhode Island Medicaid Program, Slide 5

The table below summarizes the capability improvements for the Manage Registry business process that are targeted over the next 5 years.

10-Year View

Almost complete elimination of non-electronic interchanges and standardization will support a level 3 capability for this business process within 10 years.

Standardized queries will assist in managing cases and will trigger automated alerts regarding new services, new providers, changes to cases, and other case management activities. Updates will be distributed to data sharing partners immediately using data sharing standards to improve timeliness and efficiency of the process.

The table below summarizes the capability improvements for the Manage Registry business process that are targeted 5-10 years from now.

Table 7: Future Maturity Level by MITA Quality: Manage Registry

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**DHS introduces standardization and automation of processes.**	**2**	**The process will almost eliminate non-electronic interchange and will standardize queries and update notifications.**	**3**
Timeliness	Timeliness exceeds legal requirements.	2	Interagency collaboration, use of data sharing standards, and State/regional information exchange improves timeliness.	3
Data Access & Accuracy	Data is accessed / transferred / received via Web portals, email, dial-up, POS, and EDI. Automation increases accuracy of data.	2	Process will almost eliminate its use of non-electronic interchange and will automate most processes.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Effort to Perform	Updates are automatically processed.	2	Updates will be distributed to data sharing partners.	3
Cost Effectiveness	Less staff required to perform business process. Automation leads to fewer staff.	2	Due to increased efficiency, staff can be redirected to more productive tasks.	3
Accuracy of Process	More consistency in decision making/rules / validation.	2	Rules will be consistently applied.	3
Value to Stakeholders	Automation and coordination processes enable staff to focus more on member and provider management.	2	Stakeholders will experience seamless and efficient program communications no matter how or where they contact the Agency.	3

4.0 CONTRACTOR MANAGEMENT

4.1 Award Administrative/Health Services Contract:

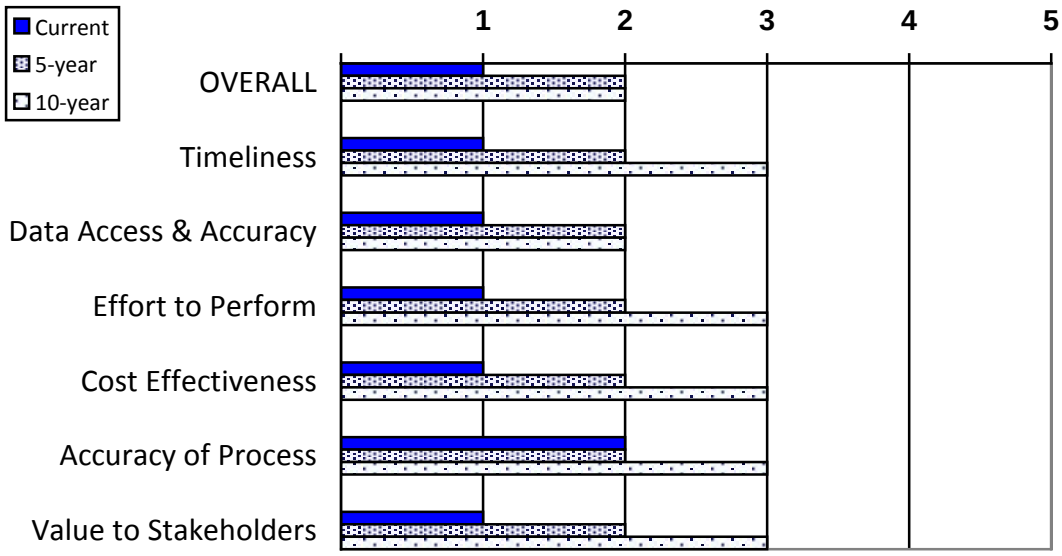
4.1.1 MITA Business process model

- Contract Management : CO1 Award Health Services Contract
- Contract Management : CO2 Award Administrative Contract

4.1.2 Future Capability Overview

As shown in the figure below, all aspects of the Award Administrative/Health Services Contract business process will be at a capability level 2 in 5 years, with improved automation and timeliness. Within 10 years, most aspects of this process will be at a level 3, with use of standardized, electronic data exchanges for application verification. The business process is not expected to reach level 3 within 10 years because national contracting standards will not yet be incorporated – the process will remain at an overall level 2. Most qualities for this business process currently are at a level 1.

Figure 8: Current and Future Maturity Levels by Quality: Award Administrative/Health Services Contract



4.1.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Award Administrative/Health Services Contract business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven

functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[37]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

4.1.4 Expected Characteristics

5-Year View

The Award Administrative/Health Services Contract business process will progress to a capability level 2 within 5 years.

With state-wide implementation of RI-FANS Electronic Submission of Bids project, most contract management verifications and applications will be automated using standardized, electronic data exchanges, although some manual steps may continue. Contractors will submit applications via a statewide portal. Due to increased efficiencies, staff can be redirected to more productive tasks.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for most qualities of the Award Administrative/Health Services Contract are at Level 1.

[37] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55

10-Year View

With expedited use of web portals and some automated business rules, the Award Administrative/Health Services Contract business process will be at a capability level 2 within 10 years. Upcoming initiatives are not expected to incorporate national contract standards nor allow for immediate contract turnaround, which is required to reach Level 3 for this business process.

Through the RI-FANS Electronic Submission of Bids project, RI Medicaid will benefit from sharing of the business service and information with other agencies. Business partners with multiple contacts with DHS or other agencies will experience improved program communications no matter how or where they contact the State. Rules and decisions will be more consistent and uniform.

This RI Medicaid business process is not expected to be at Level 3 within 10 years. Current capabilities for most qualities of the Award Administrative/Health Services Contract are at Level 1.

The table below summarizes the capability improvements for the Award Administrative/Health Services Contract business process that are targeted 5-10 years from now.

Table 8: Future Maturity Level by MITA Quality: Award Administrative/Health Services Contract

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Application data is standardized within the state.** **Contractors can submit applications via a portal.**	**2**	**Turnaround time can be immediate with automated verifications.** **Application data is standardized within the state.**	**2**
Timeliness	Process takes less time than it does currently.	2	Turnaround time can be immediate.	3
Data Access & Accuracy	Application data is standardized within the state. Contractors can submit applications via a portal.	2	Application data is standardized within the state. Contractors can submit applications via a portal. (Same as 5 yr. view)	2
Effort to Perform	Verifications will be a mix of manual and automated steps.	2	Some manual steps may continue. All verifications can be automated	3
Cost Effectiveness	Will require relatively fewer resources.	2	Due to increased efficiency, staff can be redirected to more productive tasks	3
Accuracy of Process	Consistency will be improved (unchanged from Current View).	2	Rules will be consistently applied.	3
Value to Stakeholders	Agencies will benefit from sharing of the business service and information with other agencies.	2	Agencies will benefit from sharing of the business service and information with other agencies.	3

4.2 Close Out Administrative/Health Services Contract:

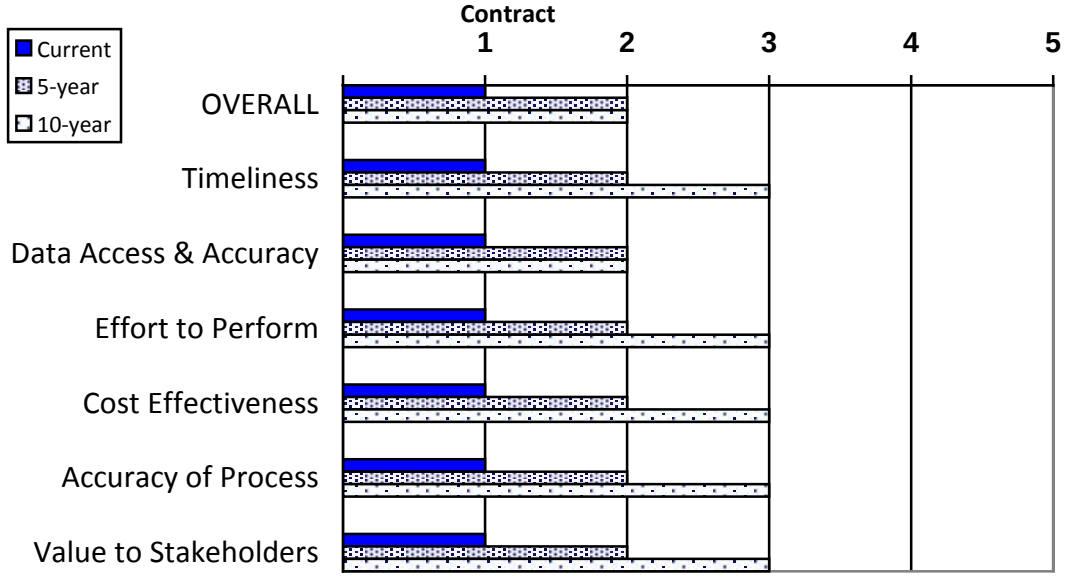
4.2.1 MITA Business process model

- Contract Management : CO1 Close-Out Health Services Contract
- Contract Management : CO2 Close-Out Administrative Contract

4.2.2 Future Capability Overview

As shown in the figure below, all aspects of the Close-Out Administrative/Health Services Contract business process will be at a capability level 2 in 5 years, with improved automation and timeliness. Within 10 years, most aspects of this process will be at a level 3, with use of standardized, electronic data exchanges for application verification. The business process is not expected to reach level 3 within 10 years because national contracting standards will not yet be incorporated – the process will remain at an overall level 2. All qualities for this business process currently are at a level 1.

Figure 9: Current and Future Maturity Levels by Quality: Close-Out Administrative/Health Services Contract



4.2.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Close-Out Administrative/Health Services Contract business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[38]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

[38] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55

4.2.4 Expected Characteristics

5-Year View

The Close-Out Administrative/Health Services Contract business process will progress to a capability level 2 within 5 years.

With state-wide implementation of RI-FANS Electronic Submission of Bids project, most contract management verifications and applications will be automated using standardized, electronic data exchanges, although some manual steps may continue. Contractors will submit applications via a statewide portal. Due to increased efficiencies, staff can be redirected to more productive tasks.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Close-Out Administrative/Health Services Contract are at Level 1.

10-Year View

With expedited use of web portals and some automated business rules, the Close-Out Administrative/Health Services Contract business process will be at a capability level 2 within 10 years. Upcoming initiatives are not expected to incorporate national contract standards nor allow for immediate contract turnaround, which is required to reach Level 3 for this business process.

Through the RI-FANS Electronic Submission of Bids project, RI Medicaid will benefit from sharing of the business service and information with other agencies. Business partners with multiple contacts with DHS or other agencies will experience improved program communications no matter how or where they contact the State. Rules and decisions will be more consistent and uniform.

This RI Medicaid business process is not expected to be at Level 3 within 10 years. Current capabilities for all qualities of the Close-Out Administrative/Health Services Contract are at Level 1.

The table below summarizes the capability improvements for the Close-Out Administrative/Health Services Contract business process that are targeted 5-10 years from now.

Table 9: Future Maturity Level by MITA Quality: Close-Out Administrative/Health Services Contract

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Application data is standardized within the state.** **Contractors can submit applications via a portal.**	**2**	**Turnaround time can be immediate with automated verifications.** **Application data is standardized within the state.**	**2**
Timeliness	Process takes less time than it does currently.	2	Turnaround time can be immediate.	3
Data Access & Accuracy	Application data is standardized within the state. Contractors can submit applications via a portal.	2	Application data is standardized within the state. Contractors can submit applications via a portal. (Same as 5 yr. view)	2
Effort to Perform	Verifications will be a mix of manual and automated steps.	2	Some manual steps may continue. All verifications can be automated	3
Cost Effectiveness	Will require relatively fewer resources.	2	Due to increased efficiency, staff can be redirected to more productive tasks	3
Accuracy of Process	Consistency will be improved.	2	Rules will be consistently applied.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Agencies will benefit from sharing of the business service and information with other agencies.	2	Agencies will benefit from sharing of the business service and information with other agencies.	3

4.3 Manage Administrative/Health Services Contract:

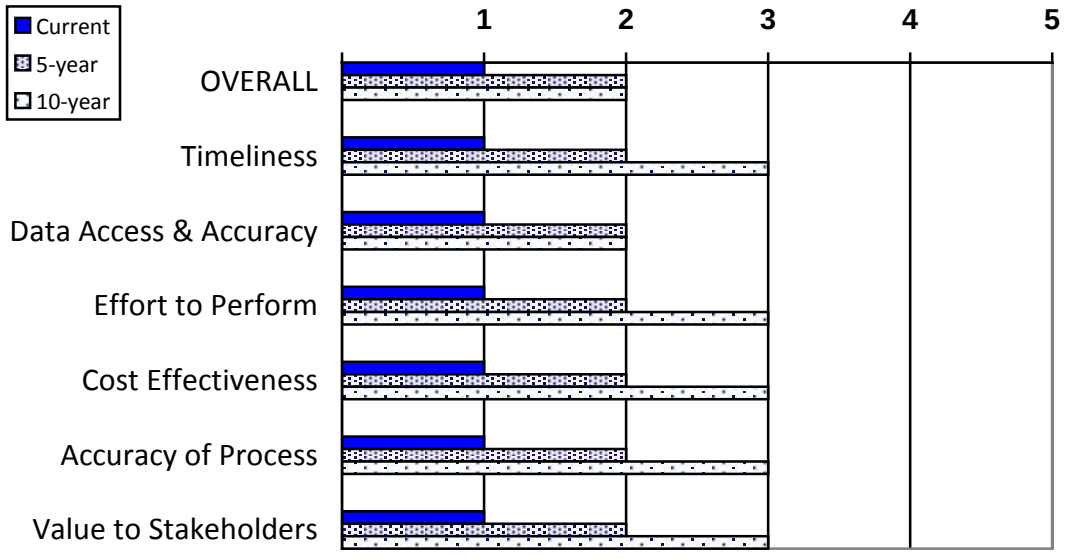
4.3.1 MITA Business process model

- Contract Management : CO1 Manage Health Services Contract
- Contract Management : CO2 Manage Administrative Contract

4.3.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage Administrative/Health Services Contract business process will be at a capability level 2 in 5 years, with improved automation, coordination and timeliness. Within 10 years, most aspects of this process will be at a level 3, with use of standardized, electronic data exchanges for managing contracts. The business process is not expected to reach level 3 within 10 years because national contracting standards will not yet be incorporated – the process will remain at an overall level 2. All qualities for this business process currently are at a level 1.

Figure 10: Current and Future Maturity Levels by Quality: Manage Administrative/Health Services Contract



4.3.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage Administrative/Health Services Contract business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[39]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

[39] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55

4.3.4 Expected Characteristics

5-Year View

The Manage Administrative/Health Services Contract business process will progress to a capability level 2 within 5 years.

With state-wide implementation of RI-FANS Electronic Submission of Bids project, most contract management verifications and applications will be automated using standardized, electronic data exchanges, although some manual steps may continue. Contractors will submit applications via a statewide portal. Due to increased efficiencies, staff can be redirected to more productive tasks.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Manage Administrative/Health Services Contract are at Level 1.

10-Year View

With expedited use of web portals and some automated business rules, the Manage Administrative/Health Services Contract business process will be at a capability level 2 within 10 years. Upcoming initiatives are not expected to incorporate national contract standards nor allow for immediate contract turnaround, which is required to reach Level 3 for this business process.

Through the RI-FANS Electronic Submission of Bids project, RI Medicaid will benefit from sharing of the business service and information with other agencies. Business partners with multiple contacts with DHS or other agencies will experience improved program communications no matter how or where they contact the State. Rules and decisions will be more consistent and uniform.

This RI Medicaid business process is not expected to be at Level 3 within 10 years. Current capabilities for all qualities of the Manage Administrative/Health Services Contract are at Level 1.

The table below summarizes the capability improvements for the Manage Administrative/Health Services Contract business process that are targeted 5-10 years from now.

Table 10: Future Maturity Level by MITA Quality: Manage Administrative/Health Services Contract

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Application data is standardized within the state.** **Contractors can submit applications via a portal.**	**2**	**Turnaround time can be immediate with automated verifications.** **Application data is standardized within the state.**	**2**
Timeliness	Process takes less time than it does currently.	2	Turnaround time can be immediate.	3
Data Access & Accuracy	Application data is standardized within the state. Contractors can submit applications via a portal.	2	Application data is standardized within the state. Contractors can submit applications via a portal. (Same as 5 yr. view)	2
Effort to Perform	Verifications will be a mix of manual and automated steps.	2	Some manual steps may continue. All verifications can be automated	3
Cost Effectiveness	Will require relatively fewer resources.	2	Due to increased efficiency, staff can be redirected to more productive tasks	3
Accuracy of Process	Consistency will be improved.	2	Rules will be consistently applied.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Agencies will benefit from sharing of the business service and information with other agencies.	2	Agencies will benefit from sharing of the business service and information with other agencies.	3

4.4 Inquire Contractor Information:

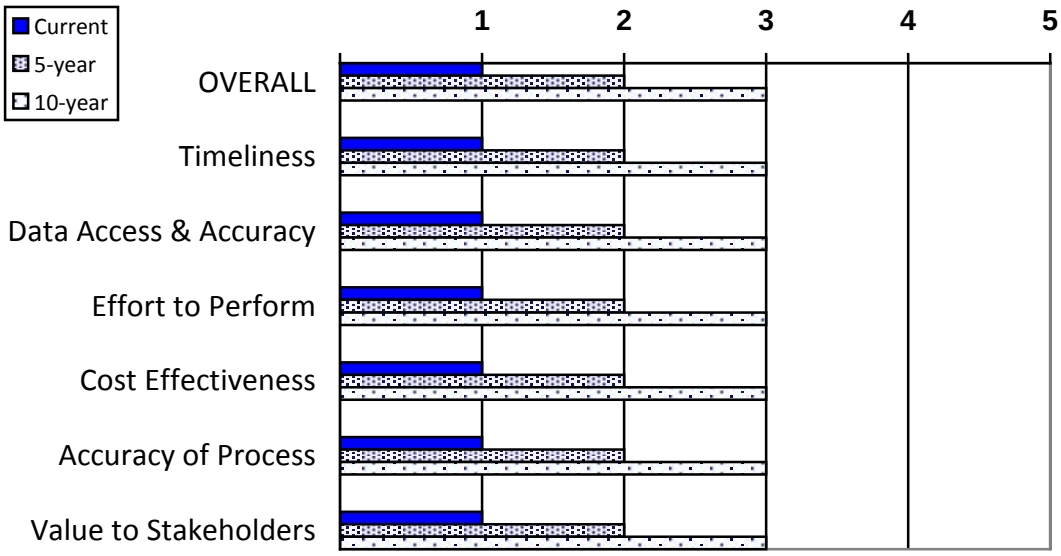
4.4.1 MITA Business process model

- Contract Management : CO3 Inquire Contractor Information

4.4.2 Future Capability Overview

As shown in the figure below, all aspects of the Inquire Contractor Information business process will be at a capability level 2 in 5 years, with improved automation, coordination and timeliness. Within 10 years, all aspects of this process will be at a level 3, with use of standardized, electronic data exchanges for managing contracts and a "no wrong door" concept for communicating information. All qualities for this business process currently are at a level 1.

Figure 11: Current and Future Maturity Levels by Quality: Inquire Contractor Information



4.4.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Inquire Contractor Information business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[40]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

[40] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55

4.4.4 Expected Characteristics

5-Year View

The Inquire Contractor Information business process will progress to a capability level 2 within 5 years.

With state-wide implementation of RI-FANS Electronic Submission of Bids project, most contract management verifications and applications will be automated using standardized, electronic data exchanges, although some manual steps may continue. Contractors will submit applications via a statewide portal. Due to increased efficiencies, staff can be redirected to more productive tasks.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Inquire Contractor Information are at Level 1.

10-Year View

With expedited use of web portals, standardized queries and automated alerts, the Inquire Contractor Information business process will be at a capability level 3 within 10 years.

Through the RI-FANS Electronic Submission of Bids project, RI Medicaid will benefit from sharing of the business service and information with other agencies. Business partners with multiple contacts with DHS or other agencies will experience improved program communications no matter how or where they contact the State. Contractor data can be accessed through a “no wrong door” centralized repository. Rules and decisions will be consistent and uniform.

The table below summarizes the capability improvements for the Inquire Contractor Information business process that are targeted 5-10 years from now.

Table 11: Future Maturity Level by MITA Quality: Inquire Contractor Information

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Application data is standardized within the state.** **Contractors can submit applications via a portal.**	**2**	**One stop shop for inquiry and responses.** **Member centric "no wrong door".**	**3**
Timeliness	Process takes less time than it does currently.	2	Turnaround time can be immediate. Interagency collaboration.	3
Data Access & Accuracy	Application data is standardized within the state. Contractors can submit applications via a portal.	2	One stop shop for inquiry and responses. Member centric "no wrong door".	3
Effort to Perform	Verifications will be a mix of manual and automated steps.	2	Updates are distributed to data sharing partners.	3
Cost Effectiveness	Will require relatively fewer resources.	2	Further reduction of staff needed to support business process.	3
Accuracy of Process	Consistency will be improved.	2	Rules are consistently applied. Decisions are uniform.	3
Value to Stakeholders	Agencies will benefit from sharing of the business service and information with other agencies.	2	Stakeholders experience seamless and efficient program communication.	3

4.5 Manage Contractor Information:

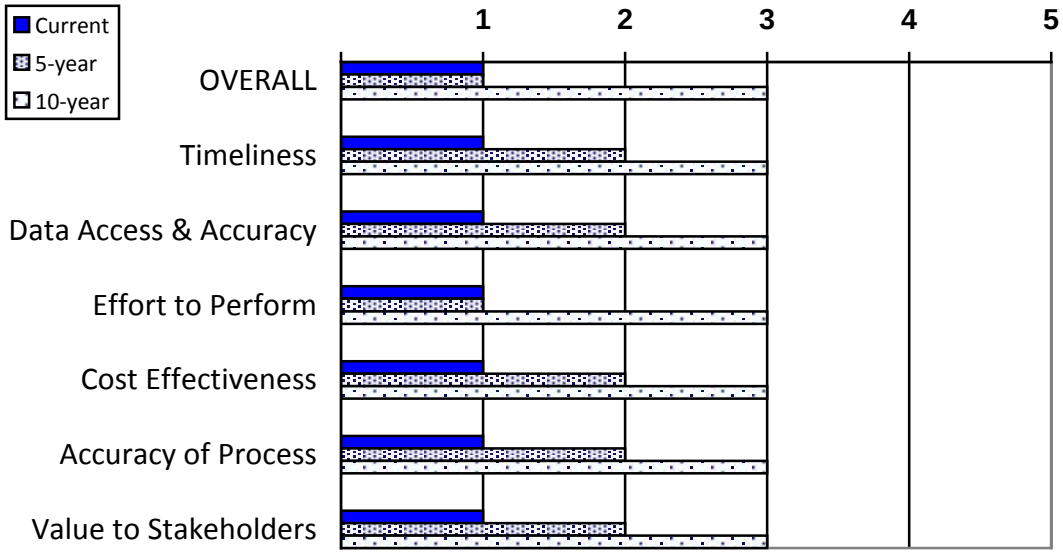
4.5.1 MITA Business process model

- Contract Management : CO3 Manage Contractor Information

4.5.2 Future Capability Overview

As shown in the figure below, most aspects of the Manage Contractor Information business process will be at a capability level 2 in 5 years, with improved automation and timeliness. However, the process will remain at a level 1 overall in 5 years due to lack of automated updates. Within 10 years, all aspects of this process will be at a level 3, with use of standardized, electronic data exchanges. All qualities for this business process currently are at a level 1.

Figure 12: Current and Future Maturity Levels by Quality: Manage Contractor Information



4.5.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage Contractor Information business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[41]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

[41] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55

4.5.4 Expected Characteristics

5-Year View

Although various initiatives will introduce automation to improve timeliness and accuracy, the business process will continue to require manually keyed updates. Although most business process qualities will mature to a level 2, the overall capability level for the Manage Contractor Information business process will remain at level 1 within 5 years.

With increased automation in the RI-FANS contracting functions, timeliness will improve. Standardized requests from data users (e.g., through the DHS intranet) will allow changes to be viewed immediately. Improved automation and consistency will lead to fewer resources required.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Manage Contractor Information are at Level 1.

10-Year View

With expedited use of web portals, standardized queries and automated alerts, the Manage Contractor Information business process will be at a capability level 3 within 10 years.

Through the RI-FANS Electronic Submission of Bids project, RI Medicaid will benefit from sharing of the business service and information with other agencies. Business partners with multiple contacts with DHS or other agencies will experience improved program communications no matter how or where they contact the State. Contractor data can be accessed through a "no wrong door" centralized repository. Rules and decisions will be consistent and uniform.

The table below summarizes the capability improvements for the Manage Contractor Information business process that are targeted 5-10 years from now.

Table 12: Future Maturity Level by MITA Quality: Manage Contractor Information

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Despite Introduction of automation and improved timeliness, updates are completed manually.**	**1**	**Process time can be immediate and will use standardized, electronic data exchanges**	**3**
Timeliness	Updates will be timelier.	2	Turnaround time can be immediate.	3
Data Access & Accuracy	Requests are standardized. Changes will be immediately available to users.	2	Determinate interfaces, standardized data, consistent business rules and decisions, easy to change business logic.	3
Effort to Perform	Updates are completed manually.	1	Updates will be distributed to data sharing partners	3
Cost Effectiveness	Automation leads to relatively fewer resources.	2	Due to increased efficiency, staff can be redirected to more productive tasks	3
Accuracy of Process	Consistency will be improved.	2	Consistency and predictability of the process. Rules will be consistently applied. Decisions will be uniform.	3
Value to Stakeholders	Agencies will benefit from improved automation.	2	Agencies will benefit from sharing of the business service and information with other agencies.	3

4.6 Manage Contractor Communication:

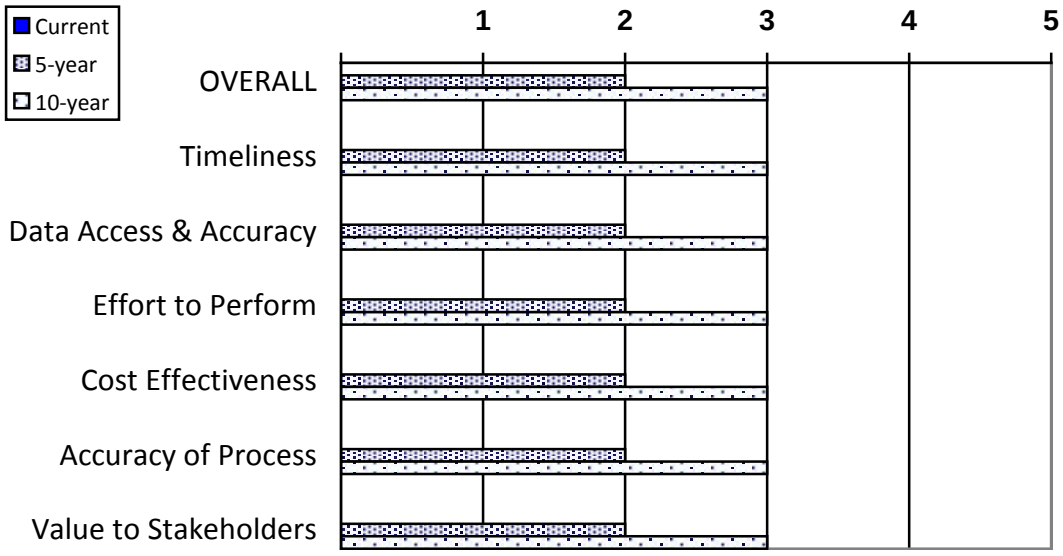
4.6.1 MITA Business process model

- Contract Management : CO4 Manage Contractor Communication

4.6.2 Future Capability Overview

RI does not currently have a formal process to manage contractor communications. Within the next 5 years, a standard process will be created within state guidelines. As shown in the figure below, all aspects of the new Manage Contractor Communication business process will be at a capability level 2 in 5 years, with some centralization within the agency. Within 10 years, all aspects of this process will be at a level 3, with primarily electronic communications and immediate turnaround.

Figure 13: Current and Future Maturity Levels by Quality: Manage Contractor Communication



4.6.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage Contractor Communication business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[42]
- A goal of the Global Waiver is to advance efficiencies through interdepartmental cooperation. Contractor communications can be centralized to support this coordination.[43]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- Online provider portal for enrollment, status changes and communication to the provider community.

[42] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[43] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

4.6.4 Expected Characteristics

5-Year View

With the establishment of the Manage Contractor Communications business process in the next 5 years, the state will begin to see a mix of manual and automated processes with some centralization. With increased automation in the RI-FANS contracting functions, timeliness will improve. Responses continue to be labor intensive and will result in a capability rating of level 2 for this business process within 5 years.

This RI Medicaid business process is not expected to be at Level 3 within 5 years.

10-Year View

With expedited use of web portal and centralization of communication, the Manage Contractor Communication business process will be at a capability level 3 within 10 years.

Through the RI-FANS Electronic Submission of Bids project, RI Medicaid will benefit from sharing of the business service and information with other agencies. Business partners with multiple contacts with DHS or other agencies will experience improved program communications no matter how or where they contact the State. Contractor data can be accessed through a "no wrong door" centralized repository. Rules and decisions will be consistent and uniform.

The table below summarizes the capability improvements for the Manage Contractor Communication business process that are targeted 5-10 years from now.

Table 13: Future Maturity Level by MITA Quality: Manage Contractor Communication

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Agency benefits from introduction of automation.**	**2**	**Communication will be mostly electronic, with improved coordination among programs**	**3**
Timeliness	Despite progress, response may still be untimely.	2	Turnaround time can be immediate.	3
Data Access & Accuracy	State begins to use websites to provide contractor communications.	2	Process will be primarily electronic, with paper used only secondarily Communications coordinated agency-wide	3
Effort to Perform	Verifications a mix of manual and automated processes	2	All verifications can be automated.	3
Cost Effectiveness	Despite progress, process may still be labor intensive.	2	Due to increased efficiency, staff can be redirected to more productive tasks	3
Accuracy of Process	Consistency will be improved.	2	Rules will be consistently applied. Decisions will be uniform.	3
Value to Stakeholders	Agency benefits from introduction of automation.	2	Agencies will benefit from sharing of the business service and information with other agencies.	3

4.7 Perform Potential Contractor Outreach:

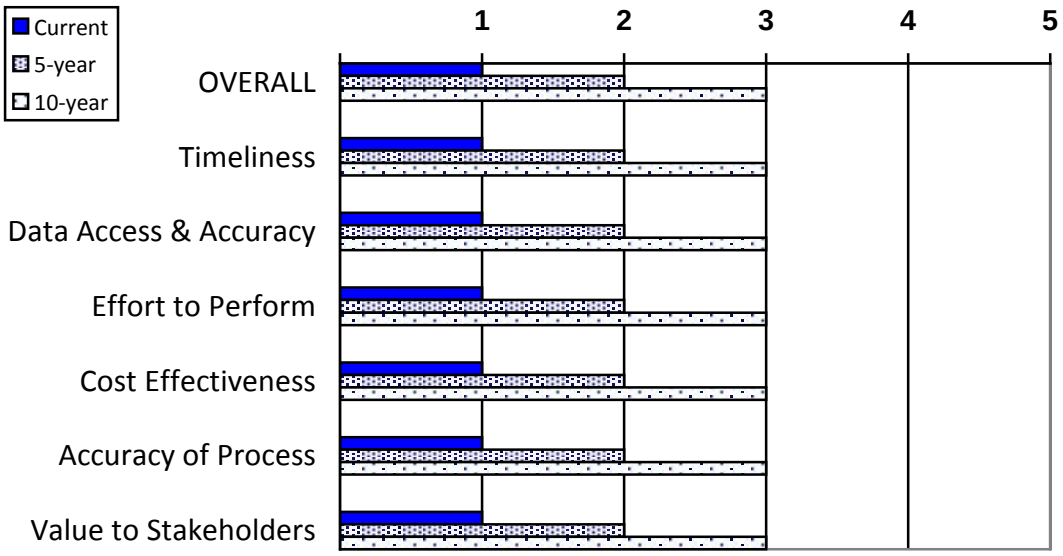
4.7.1 MITA Business process model

- Contract Management : CO4 Perform Potential Contractor Outreach

4.7.2 Future Capability Overview

As shown in the figure below, all aspects of the Perform Potential Contractor Outreach business process will be at a capability level 2 in 5 years, with increased use of electronic media and greater emphasis on cultural considerations. In 10 years, the process will be at a level 3, with interagency data sharing standards and almost complete automation and introduction of clinical data to support targeting contractors. All qualities for this business process currently are at a level 1.

Figure 14: Current and Future Maturity Levels by Quality: Perform Potential Contractor Outreach



4.7.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Perform Potential Contractor Outreach business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[44]
- A goal of the Global Waiver is to advance efficiencies through interdepartmental cooperation. Contractor outreach can be centralized to support this coordination.[45]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- Online provider portal for enrollment, status changes and communication to the provider community.

[44] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[45] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related Contractor Management in the upcoming 5 years.

4.7.4 Expected Characteristics

5-Year View

With greater use of websites and increased emphasis on cultural considerations, the Perform Potential Contractor Outreach will mature to a level 2 in 5 years. Although outreach will still be conducted via paper and phone, the use of the new provider portal will improve cost effectiveness. Improvements will result in standardization and consistency in targeting contractors.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Perform Potential Contractor Outreach are at Level 1.

10-Year View

With expedited use of web portal and centralization of outreach, the Perform Potential Contractor Outreach business process will be at a capability level 3 within 10 years.

State-wide implementation of RI-FANS Electronic Submission of Bids will improve opportunities for interagency collaboration on contractor outreach activities. The outreach process may include use of clinical data to support targeting contractors. Outreach and education materials will be available via state Medicaid portal and are shared with other collaborating agencies. Use of electronic communications will make outreach material more feasible and cost-effective.

With continued emphasis on linguistic, cultural or competency-based considerations beneficiaries and stakeholders will experience improved satisfaction.

The table below summarizes the capability improvements for the Perform Potential Contractor Outreach business process that are targeted 5-10 years from now.

Table 14: Future Maturity Level by MITA Quality: Perform Potential Contractor Outreach

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Process includes greater use of websites and increased emphasis on cultural considerations.**	**2**	**Process is standardized and electronic for the most part with possible use of clinical data to support targeting contractors.**	**3**
Timeliness	Process time will be faster because of web portal, EDI, or other automated form. Decisions take less time.	2	Process time can be immediate. Interagency collaboration, use of data sharing standards, and State/regional information exchange improves timeliness.	3
Data Access & Accuracy	Process will be conducted primarily via paper and phone, however websites and other media also will be used.	2	Process will be primarily standardized and electronic, with paper used only secondarily. Clinical data may support targeting contractors for outreach.	3
Effort to Perform	Materials will be posted on a website	2	Outreach and education materials will be available via state Medicaid portal and are shared with other collaborating agencies.	3
Cost Effectiveness	Use of electronic communications will make outreach material more feasible and cost-effective.	2	Use of electronic communications will make outreach material more feasible and cost-effective.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Accuracy of Process	More standardization and consistency in targeting (Unchanged from Current View)	2	Access to standardized electronic clinical data may support targeting contractors for outreach.	3
Value to Stakeholders	More emphasis on linguistic, cultural or competency-based considerations.	2	Feasible and cost-effective to emphasize on linguistic, cultural or competency-based considerations. Will improve selection for members and will improve stakeholder satisfaction.	3

4.8 Support Contractor Grievance and Appeal:

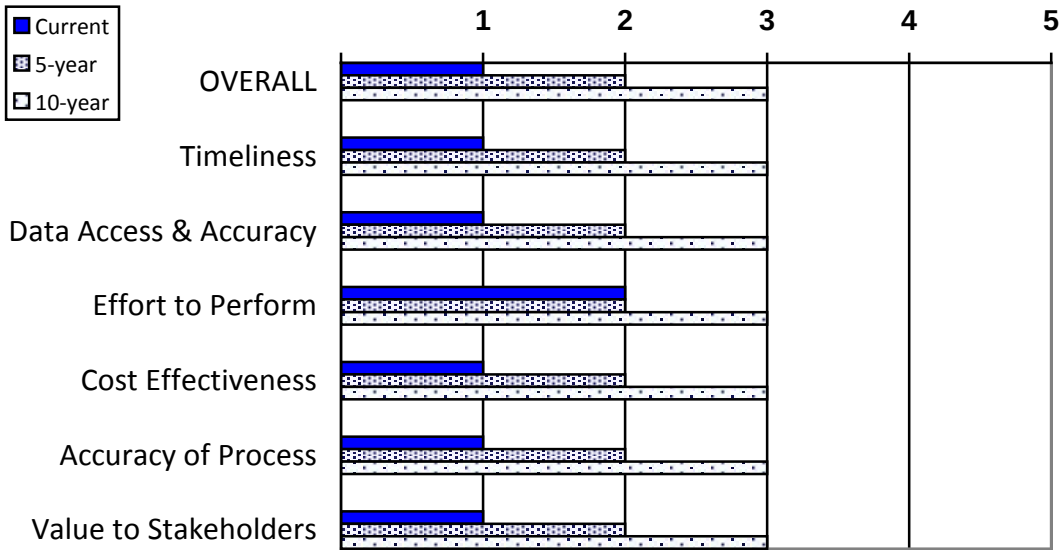
4.8.1 MITA Business process model

- Contract Management : CO4 Support Contractor Grievance and Appeal

4.8.2 Future Capability Overview

As shown in the figure below, all aspects of the Support Contractor Grievance and Appeal business process will be at a capability level 2 in 5 years, with increased use of electronic media and greater access to administrative data. Within 10 years, all aspects of this process will be at a level 3, with immediate turnaround time and access to administrative data to review and dispose of the grievances and appeals. Most qualities for this business process currently are at a level 1.

Figure 15: Current and Future Maturity Levels by Quality: Support Contractor Grievance and Appeal



4.8.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Support Contractor Grievance and Appeal business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs..[46]
- A goal of the Global Waiver is to advance efficiencies through interdepartmental cooperation. Contractor Grievance and Appeal can be centralized to support this coordination.[47]

Facilitators and Barriers

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities, electronic submission of bids, purchase orders and invoices, electronic submission of question and email notifications.
- Expanded and increased use of the CHOICES Data Warehouse will facilitate direct access to data needed to research grievance and appeal cases.

[46] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[47] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

- Online provider portal for enrollment, status changes and communication to the provider community.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of the MMIS, resources will not be available for process improvements initiatives related to Contractor Management in the upcoming 5 years.

4.8.4 Expected Characteristics

5-Year View

With the implementation and greater use of the CHOICES Data Warehouse, the Support Contractor Grievance and Appeal will mature to a level 2 in 5 years. Much of the research will be done electronically with paper and manual steps completed only when required by law. Centralization will continue to support consistency and application of rules/decisions.

This RI Medicaid business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Support Contractor Grievance and Appeal are at Level 1.

10-Year View

With expedited use of a web portal and continued centralization, the Support Contractor Grievance and Appeal business process will be at a capability level 3 within 10 years.

With the expansion of the use of the CHOICES data warehouse, program staff will be able to discern improvement opportunities that may reduce the issues that give rise to grievance and appeals. Access to administrative data will be immediate and standardized.

The table below summarizes the capability improvements for the Support Contractor Grievance and Appeal business process that are targeted 5-10 years from now.

Table 15: Future Maturity Level by MITA Quality: Support Contractor Grievance and Appeal

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Process time is faster because of web portal or EDI. Increased use of electronic data except where paper is required by law.**	**2**	**Process will be mainly electronic and standardized with some required paper that is then OCR'd.**	**3**
Timeliness	Process time is faster because of web portal or EDI.	2	Turnaround time can be immediate.	3
Data Access & Accuracy	Increased use of electronic data except where paper is required by law.	2	Process will conduct most of its business electronically, except where paper documents are required by law, which are OCR'd for electronic data capture. Clinical data is still paper-based	3
Effort to Perform	Initial review and information gathering conducted by phone or in person (Unchanged from Current View).	2	Access to administrative data needed to review and dispose of the grievances and appeals will be readily available and standardized,	3
Cost Effectiveness	Automation of some research steps.	2	Due to increased efficiency, staff can be redirected to more productive tasks	3
Accuracy of Process	Automation is introduced into the case management process. Communications are more consistent.	2	Standard interfaces will improve accuracy of case results.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Contractors have limited access to program rules to discern merit of grievance or appeal.	2	Contractors will be able to electronically access program rules to discern whether their grievances or appeals have merit.	3

5.0 MEMBER MANAGEMENT

5.1 Determine RI Medicaid Eligibility:

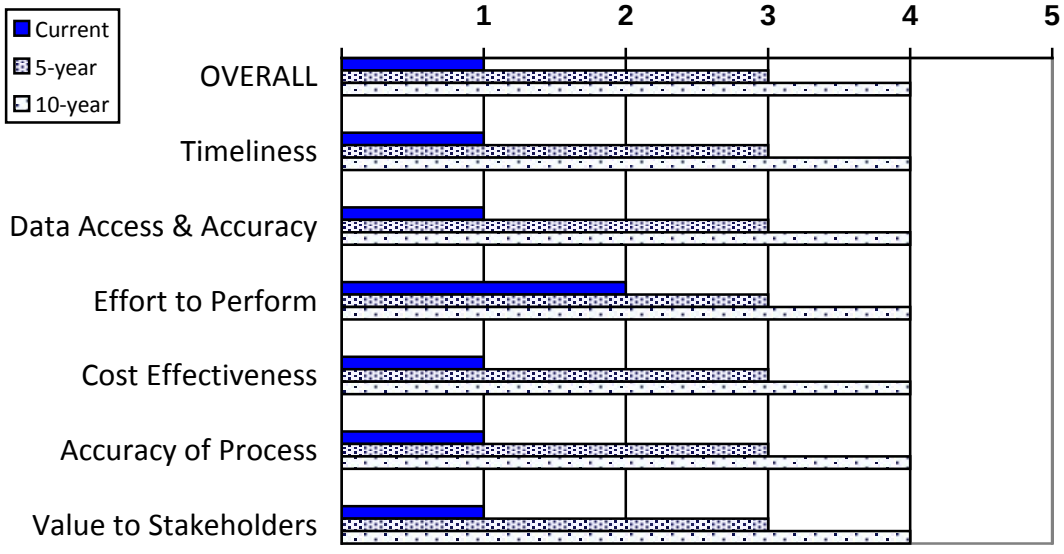
5.1.1 MITA Business process model

- Member Management: ME Determine Eligibility

5.1.2 Future Capability Overview

As shown in the figure below, all aspects of the Determine RI Medicaid Eligibility business process will be at a capability level 3 in 5 years, with standardization and a "no wrong door" application process for beneficiaries. Within 10 years, all aspects of this process will be at a level 4, with introduction of claims and clinical data to match providers and services to beneficiaries. Leveraging the existing Medical Assistance benefit screener and the upcoming, new LTC benefits screener project will assist in the integration of the variations to a single Determine Eligibility business process, which will promote a higher level of maturity capability. Most qualities for this business process currently are at a level 1

Figure 16: Current and Future Maturity Levels by Quality: Determine RI Medicaid Eligibility



5.1.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Determine RI Medicaid Eligibility business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[48]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the determination of eligibility.[49]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[50]

[48] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[49] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[50] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[51]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[52]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[51] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[52] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[53]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[54]

5.1.4 Expected Characteristics

5-Year View

With standardization and a "no wrong door" application process for beneficiaries, the Determine RI Medicaid Eligibility business process will be at a capability level 3 within 5 years.

The application process will be standardized and will allow beneficiaries to apply online for a multitude of programs, with immediate turnaround time. Due to increased efficiency, staff can be redirected to more productive tasks. Although some

[53] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[54] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

manual steps may continue, eligibility rules will be consistently applied. Beneficiaries will benefit from improved emphasis on clinical and socio-economic factors.

The table below summarizes the capability improvements for the Determine RI Medicaid Eligibility business process that are targeted over the next 5 years.

10-Year View

Introduction of historical clinical and claims data to match providers and services to beneficiaries will support a level 4 capability for this business process within 10 years.

The process will provide members with the most appropriate benefit packages based on clinical needs and member preferences. Services and providers will be selected within funding limits of benefit packages available to the member based on clinical and socio-economic factors, as well as member preferences. Validation process steps will be automated and will update the member record immediately, as well as notify parties of any changes to member status.

The table below summarizes the capability improvements for the Determine RI Medicaid Eligibility business process that are targeted 5-10 years from now.

Table 16: Future Maturity Level by MITA Quality: Determine RI Medicaid Eligibility

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Process will be standardized and allow beneficiaries to apply online for a multitude of programs.**	**3**	**Process will include access to clinical data to assist provider and service selection for the beneficiaries.**	**4**
Timeliness	Turnaround time can be immediate.	3	Process time will be immediate. Clinical data will be available in real time.	4

MITA Quality	5-Year View & Level		10-Year View & Level	
Data Access & Accuracy	Process will benefit from member-centric, No Wrong Door initiatives Application data will be standardized and applicants may initiate an application from home or community location	3	Ease of access to external sources of data, including clinical data, will augment Level 3 capabilities. Direct access to medical record will improve determination process through immediate validation.	4
Effort to Perform	Different types of eligibility pathways will be merged into a single process. This is a "one-stop-shop" perspective	3	Re-determination notices will be automatically generated.	4
Cost Effectiveness	Due to increased efficiency, staff can be redirected to more productive tasks	3	Full automation of the process plus access to clinical data will refocus staff on performance outcomes; care/disease management; stakeholder satisfaction	4
Accuracy of Process	Rules will be consistently applied. Decisions will be uniform. Some manual steps may continue.	3	External and internal validation sources will automatically send notice of change in member status	4
Value to Stakeholders	Will improve emphasis on clinical and socio-economic factors, as well as member preferences.	3	Services and providers will be selected within funding limits of benefit packages available to the member based on clinical and socio-economic factors, as well as member preferences.	4

5.2 Determine BCCTP Eligibility

5.2.1 MITA Business process model

- Member Management: ME Determine Eligibility

5.2.2 Future Capability Overview

This separate business process identified in the Current View will be eliminated with the merging of this business process across similar functions. The overall Determine RI Medicaid Eligibility process will represent the standard approach, the business rules for which may be customized for each program's needs. See Determine RI Medicaid Eligibility in Appendix B.

5.3 Determine Respite Eligibility

5.3.1 MITA Business process model

- Member Management: ME Determine Eligibility

5.3.2 Future Capability Overview

This separate business process identified in the Current View will be eliminated with the merging of this business process across similar functions. The overall Determine RI Medicaid Eligibility process will represent the standard approach, the business rules for which may be customized for each program's needs. See Determine RI Medicaid Eligibility in Appendix B.

5.4 Enroll Managed Care Member:

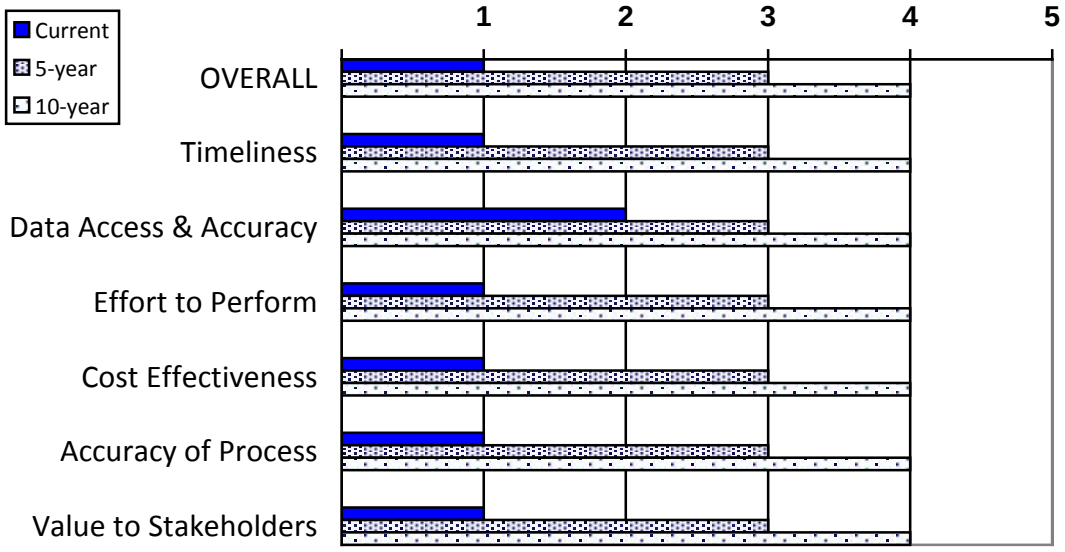
5.4.1 MITA Business process model

- Member Management: ME Enroll Member

5.4.2 Future Capability Overview

As shown in the figure below, all aspects of the Enroll Managed Care Member business process will be at a capability level 3 in 5 years, with standardization and a single pathway for members to enroll electronically for all eligibility categories that the member is qualified for. Within 10 years, all aspects of this process will be at a level 4, with introduction of claims and clinical data to match providers and services to beneficiaries. Most qualities for this business process currently are at a level 1

Figure 17: Current and Future Maturity Levels by Quality: Enroll Managed Care Member



5.4.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Enroll Managed Care Member business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[55]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[56]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[57]

[55] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[56] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[57] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[58]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[59]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[58] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[59] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[60]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[61]

5.4.4 Expected Characteristics

5-Year View

Creating a single pathway for members to enroll electronically into their selected managed care plan will support a level 3 capability for this business process within 5 years.

A single, automated pathway for beneficiaries to apply to the RI Medicaid program and enroll in the various programs will improve timeliness and increase efficiency for this business process. Automated rules and enrollment coordination will allow beneficiaries to immediately enroll into programs in which they are eligible and will

[60] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[61] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

receive services appropriate to their needs. Applications will only be submitted electronically with verification and responses in real time. Enrollment data for all beneficiaries will be stored in a Member Registry that can be accessed securely by members, providers, state staff, and contractors.

The table below summarizes the capability improvements for the Enroll Managed Care Member business process that are targeted over the next 5 years.

10-Year View

Achieving immediate turnaround time in the Enroll Managed Care Member business process will support a level 4 capability for this business process in 10 years.

Applicants will be able to submit applications online with pre-populated enrollment data. Providers will be automatically sent potential enrollment "opportunities" based upon the applicants information thus automating member outreach tasks. Enrollment and eligibility process will be integrated within the application at the point of service including alerting providers that patient may meet criteria for Medicaid based upon their EHR.

The table below summarizes the capability improvements for the Enroll Managed Care Member business process that are targeted 5-10 years from now.

Table 17: Future Maturity Level by MITA Quality: Enroll Managed Care Member

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**The process will use a single pathway for members to enroll electronically.**	**3**	**Turnaround is immediate with enrollment information automatically sent to appropriate providers.**	**4**
Timeliness	Turnaround time on application decision can be immediate. Enrollment pathways will be merged into a single process ("No Wrong Door" perspective for the member).	3	Turnaround time is immediate.	4
Data Access & Accuracy	All programs will use the HIPAA 834 Enrollment transaction and implement a standard response transaction from the contractors for corrections.	3	Member registries are federated with regional data exchange networks. Authorized personal have instant access to data as needed.	4
Effort to Perform	Process will centralize member enrollment processes with a single set of enrollment rules. Applications will only be submitted electronically.	3	Applicant is able to use online portal with pre-populated application data. Enrollment is integrated into the determination process at the point of service.	4
Cost Effectiveness	Shared services and inter-agency collaboration contribute to streamline the process.	3	Reduces staff need for verification tasks.	4
Accuracy of Process	Automated enrollment coordination of program benefits will improve the members' access to appropriate services and compliance with state/federal law.	3	Instant access to enrollment and verification data leads to better process results.	4

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Members will receive benefit packages (merged from all programs for which the member is eligible) specifically designed to meet individual's health, functional, cultural and linguistic needs.	3	Automation of member outreach as providers are automatically sent information regarding potential enrollment.	4

5.5 Disenroll RI Medicaid Member

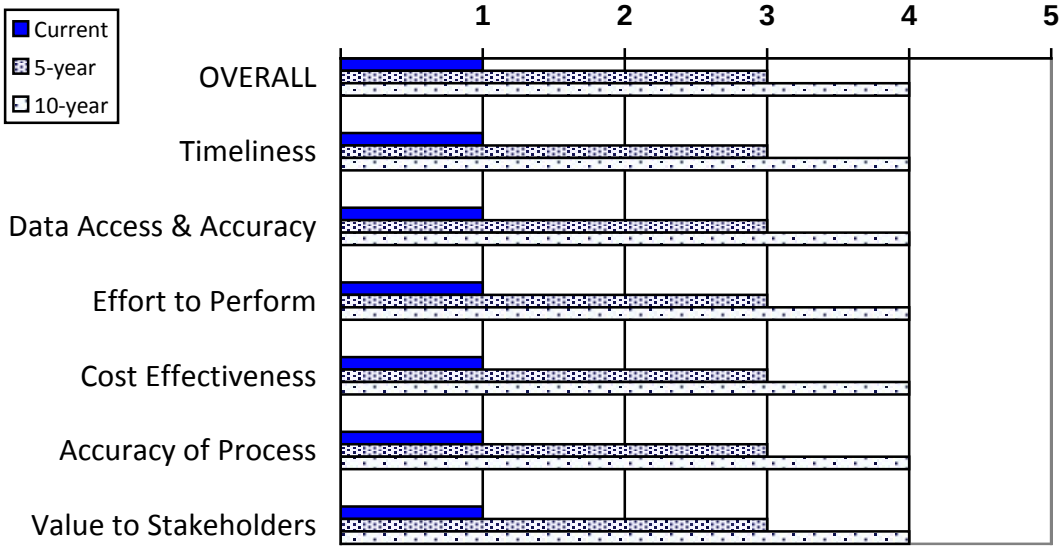
5.5.1 MITA Business process model

- Member Management: ME Disenroll Member

5.5.2 Future Capability Overview

As shown in the figure below, all aspects of the Disenroll RI Medicaid Member business process will be at a capability level 3 in 5 years, with flexible business rules and harmonization of the process across all programs, including information sharing using standardized interfaces. Within 10 years, all aspects of this process will be at a level 4, with introduction of clinical data and immediate response time. All qualities for this business process currently are at a level 1

Figure 18: Current and Future Maturity Levels by Quality: Disenroll RI Medicaid Member



5.5.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Disenroll RI Medicaid Member business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[62]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[63]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[64]

[62] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[63] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[64] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[65]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[66]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[65] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[66] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[67]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[68]

5.5.4 Expected Characteristics

5-Year View

Information sharing using standardized interfaces will support a level 3 capability for this business process within 5 years. The process will feature flexible business rules and harmonization of the process across all programs. Standard interfaces will be used to request and respond to member disenrollment. Collaborating agencies will be able to exchange data on members regarding their enrollment and disenrollment in programs with use of a Member Registry. The Member Registry will provide a one-

[67] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[68] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

stop shop for authorized inquirers and will include a variety of data related to the member.

The table below summarizes the capability improvements for the Disenroll RI Medicaid Member business process that are targeted over the next 5 years.

10-Year View

Achieving immediate turnaround time in the Disenroll RI Medicaid Member business process will support a level 4 capability for this business process in 10 years.

All authorized exchange partners will have access to clinical data upon request. Disenrollment data will be immediately shared within the federated member registry. The incorporation of clinical data improves accuracy of responses.

The table below summarizes the capability improvements for the Disenroll RI Medicaid Member business process that are targeted 5-10 years from now.

Table 18: Future Maturity Level by MITA Quality: Disenroll RI Medicaid Member

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Member information can be shared among authorized entities within the state using standard interfaces.**	**3**	**Turnaround is immediate with exchange of data regionally.**	**4**
Timeliness	Information will be shared among authorized entities within the state. Responses will be immediate.	3	Turnaround time is immediate.	4

MITA Quality	5-Year View & Level		10-Year View & Level	
Data Access & Accuracy	Data inquiry messages will use standard interfaces, improving accuracy. Collaborating agencies will use standard interfaces to exchange data on members.	3	Member registries are federated with regional data exchange networks. Authorized personal have instant access to data as needed.	4
Effort to Perform	Provider information will be continuously refreshed. One stop shop for agencies who share members.	3	Access to clinical data is available.	4
Cost Effectiveness	Will use standard interfaces that will streamline the disenrollment process.	3	Regional and federated member registries eliminate redundant overhead.	4
Accuracy of Process	Standard interfaces will produce consistent responses to requests.	3	Incorporation of clinical data.	4
Value to Stakeholders	Requesters will have a one-stop shop to access collaborating agencies to obtain information on a member.	3	Requesters benefit from access to clinical data.	4

5.6 Inquire RI Medicaid Member

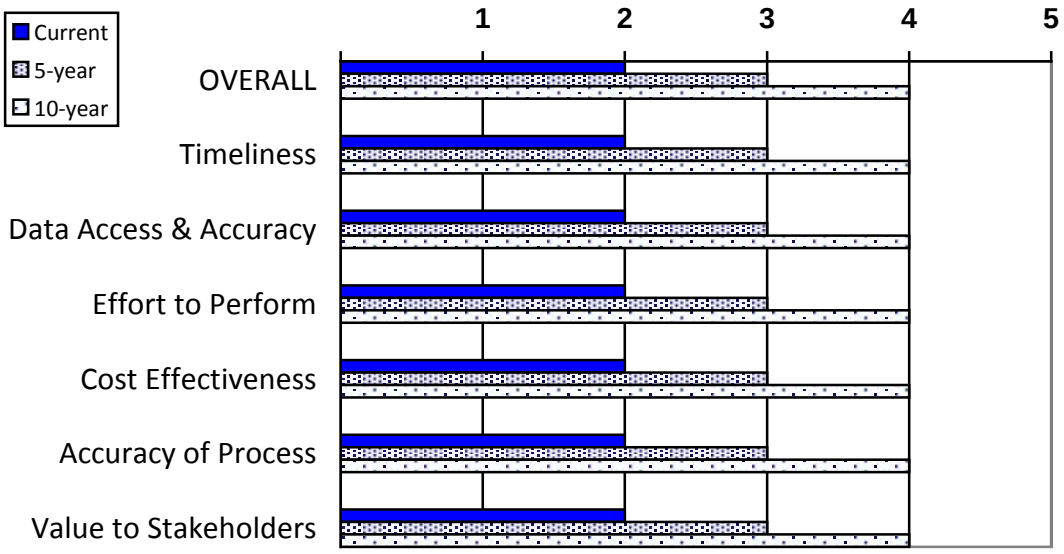
5.6.1 MITA Business process model

- Member Management: ME Inquire Member Eligibility

5.6.2 Future Capability Overview

As shown in the figure below, all aspects of the Inquire RI Medicaid Member business process will be at a capability level 3 in 5 years, with continued use of HIPAA standards for inquiry and response to eligibility and enrollment data and information sharing using standardized interfaces. Within 10 years, all aspects of this process will be at a level 4, with introduction of clinical data and applications such as EHRs and PHRs. All qualities for this business process currently are at a level 2

Figure 19: Current and Future Maturity Levels by Quality: Inquire RI Medicaid Member



5.6.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Inquire RI Medicaid Member business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[69]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[70]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[71]

[69] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[70] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[71] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[72]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[73]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[72] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[73] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[74]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[75]

5.6.4 Expected Characteristics

5-Year View

Information sharing using standardized interfaces will support a level 3 capability for this business process within 5 years. The process will feature flexible business rules and harmonization of the process across all programs. Standard interfaces will be used to request and respond to member inquiries. Collaborating agencies will be able to exchange data on members in programs with use of a single Member Registry. The Member Registry will provide a one-stop shop for authorized inquirers and will include a variety of data related to the member.

[74] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[75] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

The table below summarizes the capability improvements for the Inquire RI Medicaid Member business process that are targeted over the next 5 years.

10-Year View

Achieving immediate turnaround time in the Inquire RI Medicaid Member business process will support a level 4 capability for this business process in 10 years.

All authorized exchange partners will have access to clinical data upon request which improves accuracy of responses. Medicaid Member Registry is federated with regional data exchange including applications such as EHRs and PHRs.

The table below summarizes the capability improvements for the Inquire RI Medicaid Member business process that are targeted 5-10 years from now.

Table 19: Future Maturity Level by MITA Quality: Inquire RI Medicaid Member

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Member information will be accessible via federated registries using standard interfaces.**	**3**	**Eligibility services are integrated into applications such as EHRs and PHRs.**	**4**
Timeliness	Information can be shared among entities authorized by the Agency.	3	Responses are immediate. Information, including clinical, can be shared among authorized entities.	4
Data Access & Accuracy	Member information will be accessible from federated Member Registries within the state. Eligibility/enrollment, program, and benefit data and messaging formats use standard interfaces	3	Medicaid Member Registries are federated with all authorized data exchange partners having access to member information including clinical data.	4

MITA Quality	5-Year View & Level		10-Year View & Level	
Effort to Perform	One stop shop for programs that share members. Sister agencies will adopt standard interfaces to present a one-stop shop for inquires regarding enrolled members.	3	Eligibility services are integrated into applications such as EHRs and PHRs.	4
Cost Effectiveness	Because covered services will be included in eligibility verification responses, providers experience fewer claim denials based on non-covered services.	3	Full automation and access to clinical data redirects staff to monitor stakeholder satisfaction.	4
Accuracy of Process	Business services will standardize requests and responses nationally. More robust use of the HIPAA transactions will increase accuracy.	3	Incorporation of clinical data improves accuracy.	4
Value to Stakeholders	Providers will have no delay in obtaining responses.	3	Business services will standardize requests and responses nationally. More robust use of the HIPAA transactions will increase accuracy.	4

5.7 Manage RI Medicaid Member Information

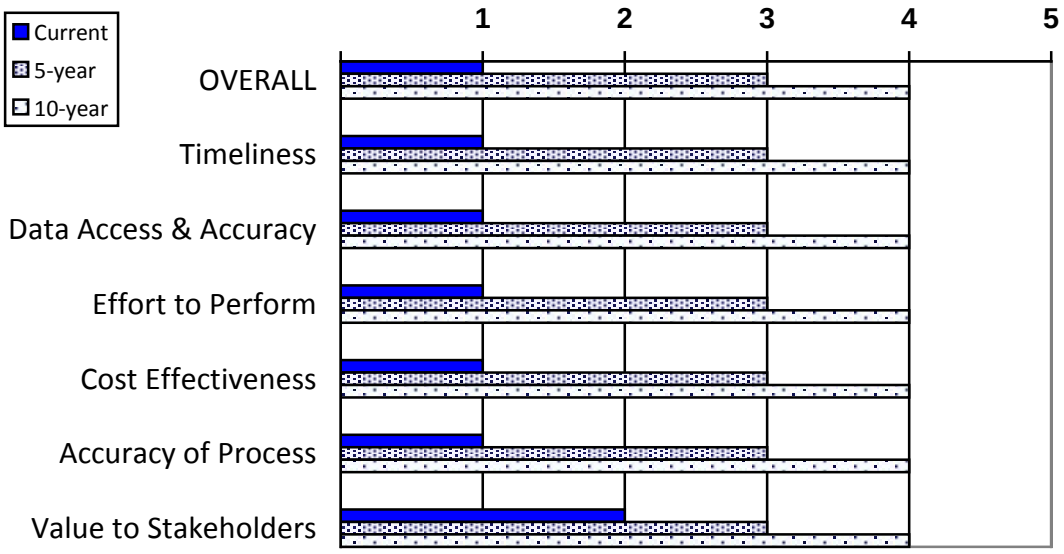
5.7.1 MITA Business process model

- Member Management: ME Manage Member Information

5.7.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage RI Medicaid Member Information business process will be at a capability level 3 in 5 years, with automatic update notification to data exchange partners and a one-stop-shop for entities that share members. Within 10 years, all aspects of this process will be at a level 4, with introduction of clinical data and applications such as EHRs and PHRs. Most qualities for this business process currently are at a level 1.

Figure 20: Current and Future Maturity Levels by Quality: Manage RI Medicaid Member Information



5.7.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage RI Medicaid Member Information business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[76]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[77]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[78]

[76] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[77] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[78] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[79]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[80]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[79] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[80] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[81]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[82]

5.7.4 Expected Characteristics

5-Year View

Immediate updates and automatic data extractions will support a level 3 capability for this business process within 5 years. Collaborating agencies will be able to exchange data on members in programs with use of a single Member Registry. The Member Registry will provide a one-stop shop for authorized inquirers and will include a variety of data related to the member. Updates made to the beneficiary data will trigger notifications to users of the Member Registry.

[81] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[82] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

The table below summarizes the capability improvements for the Manage RI Medicaid Member Information business process that are targeted over the next 5 years.

10-Year View

Achieving immediate turnaround time in the Manage RI Medicaid Member Information business process will support a level 4 capability for this business process in 10 years.

All authorized exchange partners will have access to clinical data upon request which improves accuracy of responses. Medicaid Member Registry is federated with regional data exchange including applications such as EHRs and PHRs. Staff are able to be redirected to focus on performance and outcome measures, care and disease management and benefit package design.

The table below summarizes the capability improvements for the Manage RI Medicaid Member Information business process that are targeted 5-10 years from now.

Table 20: Future Maturity Level by MITA Quality: Manage RI Medicaid Member Information

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Member records will be stored in a single Member Registry providing a one stop shop for member inquiries.**	**3**	**Eligibility services are integrated into applications such as EHRs and PHRs.**	**4**
Timeliness	Updates and data extractions can be immediate. Data exchange partners will receive update notifications instantly.	3	Responses are immediate. Information, including clinical, can be shared among authorized entities.	4

MITA Quality	5-Year View & Level		10-Year View & Level	
Data Access & Accuracy	Member records will be stored in either a single Member Registry or federated Member Registries that can be accessed by all authorized applications.	3	Medicaid Member Registries are federated with all authorized data exchange partners having immediate access to updates and data extractions.	4
Effort to Perform	One stop shop for entities who share members.	3	Clinical data is used to trigger member registry updates. Ability to access clinical data to calculate performance measures.	4
Cost Effectiveness	Distributed update notifications to federated member registries reduces staff requirements.	3	Full automation and access to clinical data redirects staff to monitor performance and outcome measures and benefit package design.	4
Accuracy of Process	Member data will be associated algorithmically to support federated access, automated updates, reconciliation and extraction of complete and quality data.	3	Incorporation of clinical data improves accuracy.	4
Value to Stakeholders	Member and staff satisfaction improves because data accessibility increases the efficiency, speed, and accuracy of eligibility/enrollment and other processes.	3	Ability to access member clinical data to calculate performance measures improves member and regional patient case.	4

5.8 Manage BCCTP Member Information

5.8.1 MITA Business process model

- Member Management: ME Manage Member Information

5.8.2 Future Capability Overview

This separate business process identified in the Current View will be eliminated with the merging of this business process across similar functions. The overall Manage RI Medicaid Member Information process will represent the standard approach, the business rules for which may be customized for each program's needs. See Manage RI Medicaid Member Information in Appendix B.

5.9 Manage RI Medicaid Applicant and Member Communication

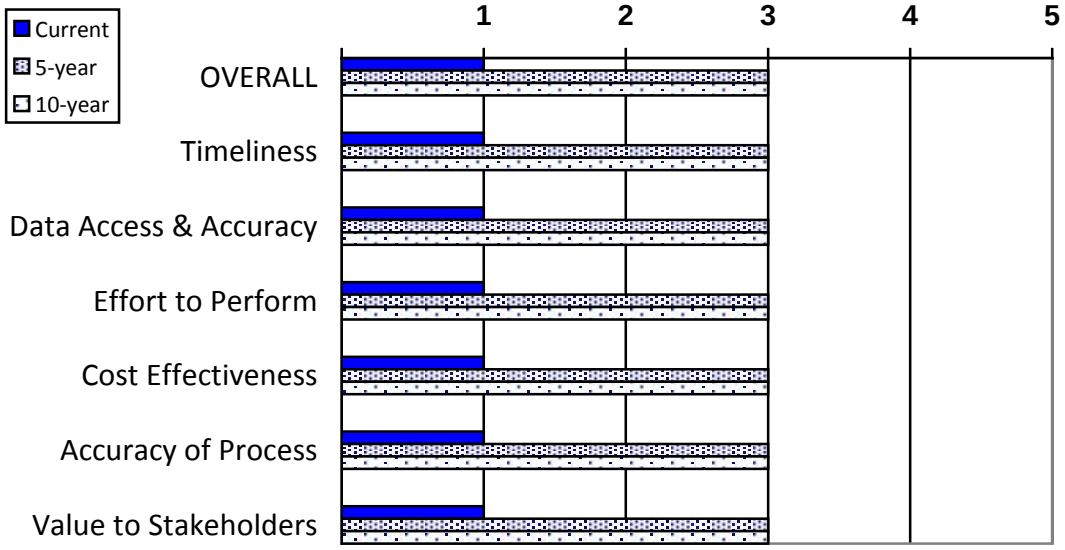
5.9.1 MITA Business process model

- Member Management: ME Manage Applicant and Member Communication

5.9.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage RI Medicaid Applicant and Member Communication business process will be at a capability level 3 in 5 years, with a "no wrong door" concept for member communication and deployment of internet access points. No additional change is expected for the 10 year view and the overall capability will remain at a level 3. All qualities for this business process currently are at a level 1.

Figure 21: Current and Future Maturity Levels by Quality: Manage RI Medicaid Applicant and Member Communication



5.9.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage RI Medicaid Applicant and Member Communication business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[83]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[84]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[85]

[83] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[84] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[85] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[86]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[87]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[86] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[87] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[88]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[89]

5.9.4 Expected Characteristics

5-Year View

Use of a Member Registry to manage applicant and member communication will support a level 3 capability for this business process within 5 years. Members will have a one stop shop to access collaborating agencies to obtain information. Standard interfaces between agencies sharing member information, provider information, and health plan information will allow a means for members to request information from multiple sources and receive automated responses immediately.

[88] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[89] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

Information can be virtually consolidated as a single view for the member requesting information.

The table below summarizes the capability improvements for the Manage RI Medicaid Applicant and Member Communication business process that are targeted over the next 5 years.

10-Year View

No additional change is anticipated for the 10 year view for this business process. The overall capability will remain at a level 3.

The table below summarizes the capability improvements for the Manage RI Medicaid Applicant and Member Communication business process that are targeted 5-10 years from now.

Table 21: Future Maturity Level by MITA Quality: Manage RI Medicaid Applicant and Member Communication

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Member information is accessed via a single registry using standard interfaces.**	**3**	**No Change from 5-Year View**	**3**
Timeliness	Inquiries can be made to multiple agencies via collaboration. Response can be immediate.	3	No Change from 5-Year View	3
Data Access & Accuracy	Member information will be accessed via a single Member Registry or federated Member Registries. Information can be virtually consolidated as a single view.	3	No Change from 5-Year View	3
Effort to Perform	Collaboration among agencies will achieve a one-stop shop for member inquiries.	3	No Change from 5-Year View	3
Cost Effectiveness	Collaboration and shared services will increase cost-effectiveness.	3	No Change from 5-Year View	3
Accuracy of Process	Standard interfaces will improve requests and responses nationally.	3	No Change from 5-Year View	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Value to Stakeholders	Members will have a one stop shop to access collaborating agencies to obtain information.	3	No Change from 5-Year View	3

5.10 Manage RI Medicaid Member Grievance and Appeal

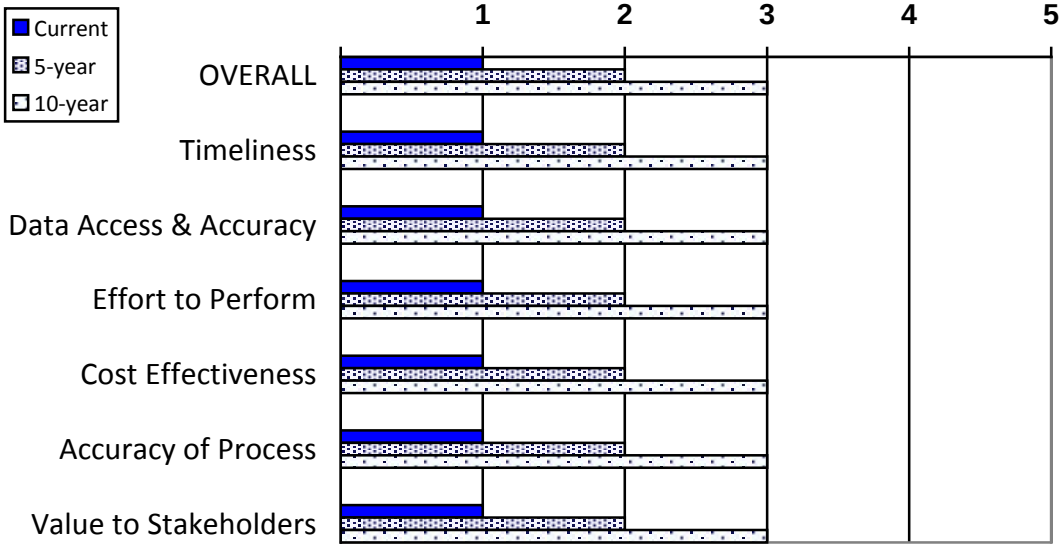
5.10.1 MITA Business process model

- Member Management: ME Manage Member Grievance and Appeal

5.10.2 Future Capability Overview

As shown in the figure below, all aspects of the Manage RI Medicaid Member Grievance and Appeal business process will be at a capability level 2 in 5 years, with immediate responses to internal requests for case information in a standardized and automated manner. Within 10 years, all aspects of this process will be at a level 3, with web-based case files and standard interfaces for data sharing. All qualities for this business process currently are at a level 1.

Figure 22: Current and Future Maturity Levels by Quality: Manage RI Medicaid Member Grievance and Appeal



5.10.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Manage RI Medicaid Member Grievance and Appeal business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[90]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[91]

[90] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[91] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft

- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[92]

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[93]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to

[92] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2
[93] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044

implement the new Medicaid eligibility category could be leveraged for other member management improvements.[94]

- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.
- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[95]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[96]

[94] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)
[95] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[96] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

5.10.4 Expected Characteristics

5-Year View

With immediate responses to internal requests for case information in a standardized and automated manner, the Manage RI Medicaid Member Grievance and Appeal business process will be at a capability level 2 within 5 years.

Case documents will be scanned so that the case file can be completely electronic and can be shared between those managing the case. Responses to requests to verify case information will be automated. Increased automation of the grievance and appeal process will provide a faster means to review the case data, improved consistency in steps taken to review and resolve the case, both of which will expedite the resolution process. Case results will be documented and recorded automatically and can be accessed and reviewed as needed.

This RI business process is not expected to be at Level 3 within 5 years. Current capabilities for all qualities of the Manage RI Medicaid Member Grievance and Appeal are at Level 1.

The table below summarizes the capability improvements for the Manage RI Medicaid Member Grievance and Appeal business process that are targeted over the next 5 years.

10-Year View

Use of web-based case files and standard interfaces for data sharing will support a level 3 capability for this business process within 10 years.

Standard interfaces will be used for creation of a case and publication of results. Case files will be shared across all data sharing partners within the state using a web portal. Collaboration with other agencies that conduct appeals cases will increase cost-effectiveness. Standard interfaces will improve the accuracy of content and ultimately, the accuracy of case results.

The table below summarizes the capability improvements for the Manage RI Medicaid Member Grievance and Appeal business process that are targeted 5-10 years from now.

Table 22: Future Maturity Level by MITA Quality: Manage RI Medicaid Member Grievance and Appeal

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Responses to requests for case information can be immediate within the agency with standardization and automation of the process.**	**2**	**Case file will be web-based and standard interfaces will be used for information sharing.**	**3**
Timeliness	Documents will be scanned and the case file will be automated and can be shared. Responses to research questions within the agency will be immediate.	2	Case file will be Web-enabled; information will be shared among staff managing the case Responses to research questions will be immediate across all data sharing partners within the state.	3
Data Access & Accuracy	More consistency in the steps taken in the review and resolution process. Agency standards for inquiries are introduced.	2	Standard interfaces will improve accuracy of content.	3
Effort to Perform	Responses to requests to verify member case information will be automated.	2	Standard interfaces will be used for creation of a case and publication of results.	3
Cost Effectiveness	Automation of some research steps will free up staff time to focus on other activities besides case management.	2	Collaboration with sister agencies that conduct appeals cases will increase cost-effectiveness.	3

MITA Quality	5-Year View & Level		10-Year View & Level	
Accuracy of Process	Automation will be introduced into the case management process. Results will be documented and recorded automatically and can be accessed and reviewed as needed.	2	Standard interface improves accuracy of case results.	3
Value to Stakeholders	The member and the agency will benefit from introduction of automation to speed up the case resolution.	2	Agencies will benefit from introduction of standard interfaces. Members will benefit from consistency and predictability of the process.	3

5.11 Perform RI Medicaid Population and Member Outreach

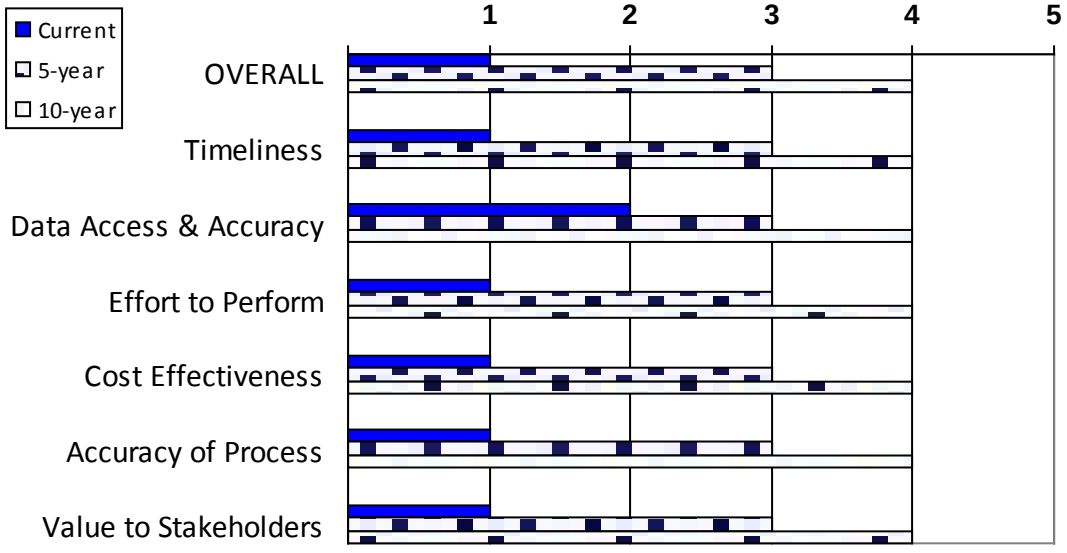
5.11.1 MITA Business process model

- Member Management: ME Perform Population and Member Outreach

5.11.2 Future Capability Overview

As shown in the figure below, all aspects of the Perform RI Medicaid Population and Member Outreach business process will be at a capability level 3 in 5 years, with agencies collaborating on outreach and education materials which are made immediately available to members. Within 10 years, all aspects of this process will be at a level 4, with access to standarized clinical data which facilitates identification of targeted current and prospective members. Most qualities for this business process currently are at a level 1.

Figure 23: Current and Future Maturity Levels by Quality: Perform RI Medicaid Population and Member Outreach



5.11.3 Influences, Barriers and Facilitators

Among the many activities impacting the Department, the following developments are expected to influence significantly the priorities related to reaching the 5- and 10-year capabilities for the Perform RI Medicaid Population and Member Outreach business process:

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.[97]
- The 2010 RI State Medicaid HIT Plan supports statewide efforts to develop Health Information Technology (HIT) solutions and promote Health Information Exchange (HIE). HIT/HIE will facilitate access to health information required for the payment of claims as well as determination of eligibility.[98]
- A goal of the Global Waiver is to encourage and reward health outcomes. An aspect of this may include increased enrollment in managed care plans.[99]

[97] Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55
[98] Executive Office of Health and Human Services/Department of Human Services, Rhode Island State Medicaid HIT Plan, August 6, 2010 Preliminary Draft
[99] Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

Facilitators and Barriers

- Replacement of the State's Eligibility system, InRhodes. Scope of project to be determined as either an entire replacement for all RI social services or just a new Medical Assistance system specifically for Medicaid. Implementation of a new, state-of-the-art eligibility system will greatly facilitate increased capability within all member management functions.
- States needing to overhaul their computer systems to handle the changes in Medicaid enrollment under the Affordable Care Act will have 90 percent of the cost paid by the federal government, according to a new rule published April 14th, 2011 by CMS. Under this new rule, states may receive a 90 percent federal matching rate to assist states in the design, development, installation or enhancement of eligibility determination systems through December 31, 2015.[100]
- As part of the Affordable Care Act, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.[101]
- The RI DHS online benefit screener is being updated to add additional programs as well as increased functionality. An individual will be able see what programs they may qualify for among the many LTC options available

[100] http://www.regulations.gov/#!documentDetail;D=CMS-2010-0251-0044
[101] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1331(e)(1)(B)

after answering a series of questions. The functionality of this online portal could be updated to include all Medical Assistance programs or all state social services.

- The Affordable Care Act requires the establishment of an internet Website (portal) through which individuals and small businesses can obtain information about the insurance coverage options that may be available to them in their State. These options include Medicaid. The RI DHS initiative to address this new requirement is the Health Insurance Exchange (HIX) project. The recommendations made out of this project will influence the next steps in the department replacing the state's eligibility system, InRhodes.[102]
- The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation. Access to member's EHR will advance the capability of member management functions with the access to clinical data to make decisions.[103]

5.11.4 Expected Characteristics

5-Year View

With outreach and education materials available via a state Medicaid portal, the Perform RI Medicaid Population and Member Outreach business process will be at a capability level 3 within 5 years.

Outreach and education materials will be immediately available to members across collaborating agencies using federated Member Registries, shared services, and web portals for accessing information. Shared business services and standardized

[102] U.S Congress, Patient Protection and Affordable Care Act (H.R. 3590), Sec. 1103(a)
[103] http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

messaging will provide an efficient, cost-effective means of disseminating consistent information to members.

The table below summarizes the capability improvements for the Perform RI Medicaid Population and Member Outreach business process that are targeted over the next 5 years.

10-Year View

Use of clinical information will support a level 3 capability for this business process within 10 years.

Automated business rules that include clinical data lead to faster identification of targeted population for outreach. Access to clinical data will allow automatic mapping of member needs to the generation of appropriate education materials.

The table below summarizes the capability improvements for the Perform RI Medicaid Population and Member Outreach business process that are targeted 5-10 years from now.

Table 23: Future Maturity Level by MITA Quality: Perform RI Medicaid Population and Member Outreach

MITA Quality	5-Year View & Level		10-Year View & Level	
OVERALL	**Member registries will be used to access member information across collaborating agencies via web portals.**	**3**	**Access to clinical data improves efficiency by automatically mapping member needs to generation of appropriate materials.**	**4**
Timeliness	Outreach and education information will be immediately available to members across collaborating agencies.	3	Turnaround time to identify target populations is immediate. Triggers create messages from members EHRs and PHRs.	4

MITA Quality	5-Year View & Level		10-Year View & Level	
Data Access & Accuracy	Member information will be accessed via federated Member Registries within the state. Deployment of internet access points and low cost telecommunication.	3	Access to clinical data facilitates identification of targeted current and prospective members.	4
Effort to Perform	Outreach and education materials will be available via state Medicaid portal and will be shared with other collaborating agencies.	3	Access to clinical data improves efficiency by automatically mapping member needs to generation of appropriate materials.	4
Cost Effectiveness	Collaboration, data sharing, and shared services will increase cost-effectiveness.	3	Staff are able to be redirected to monitor education and outreach process.	4
Accuracy of Process	Business services will standardize messages sent to members.	3	Incorporation of clinical data improves accuracy of identification of targeted members and dissemination of appropriate messages.	4
Value to Stakeholders	Agencies will benefit from sharing of the business service and information with other agencies. Members will benefit from consistency and timeliness of the information transmitted.	3	Outreach and education communications can be triggered by automated messages.	4